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ARTICLE I.

Case of Ununited Fracture of the Femur of one year's standing, successfully treated by Resection, Denudation, and Retaining the ends of Bone by means of Wire. By DANIEL BRAINARD, M.D., Professor of Surgery in Rush Medical College.

About the middle of February, 1848, Sewell Rice, of Allegan county, Michigan, aged 34 years, laborer, of pretty good health and constitution, applied to me on account of an ununited fracture of the left femur.

State of the Parts.—On examination, the fracture was found to be situated seven inches above the knee, very oblique, the superior fragment placed in front, the ends overlapping, when no extension was made, not less than four inches, and the fragments so moveable that they seemed to have no connection with each other or with the surrounding parts. The extremity of the upper fragment in particular, when acted on by the muscles, and drawn inwards, forwards, or outwards, could be felt as if beneath the integuments only, and seemed to move as if in a sac. Both ends could be felt rounded; there was no tenderness

and the member could be bent almost to a right angle at the point of fracture, without giving pain. The member hung dangling, entirely useless; the thigh, from the want of use and the pressure of an apparatus which he kept buckled around it, was atrophied and attenuated to a remarkable degree, while the foot and leg, from the obstructed circulation, were swollen, œdematous, and indurated, so that it but partially regained its natural appearance when the pressure was removed, and the patient placed in a horizontal position.

History.—On the 15th of March, 1847, a tree fell upon him, and not only fractured the thigh, but severely bruised the knee, leg, and ankle of the same side. There was much bruise at the point of fracture, but the skin was not broken.

The limb was laid upon a double inclined plain, the leg enveloped in a roller, and a piece of flannel pinned about the thigh. Extension was made by means of "half a brick" suspended from a cord attached to the foot, and passing over the foot of the bed, and counter extension by means of a "flat-iron" suspended from a cord attached to the pelvis and passing over the head of the bed. At the end of five and a half weeks, the weight attached to the foot was increased to about sixteen pounds, and the limb was placed in a different apparatus. During the whole of the treatment the roller upon the leg was removed every three or four days, and the member at such times subjected to considerable movement. At the end of eleven weeks, the apparatus was taken off, and the patient removed about a mile, and directed to rise and walk on crutches. This, however, he was unable to do. After sometime the surgeon examined it and finding it ununited, moved the fragments freely, and re-applied the apparatus for seven weeks.

During the whole of this time the point of fracture remained very tender; and during the night or when it was moved, there was spasmodic action of the muscles. which drew forward the upper fragment, "so that it seemed as if

it would come through the skin," and shortened the member very much. Such was the history as obtained from the patient himself.

Treatment.—This case presented nearly every unfavorable circumstance for successful treatment which could be met with in a patient of tolerably good health and constitution. Hence, in selecting the plan of treatment, it was necessary to look at once to those of a severer character.

Thus, rest and immobility had been tried to a certain degree, but what could be expected from this when, far from being able to bring the ends of the bones together, their sides could scarcely be so approximated as not to have soft tissues intervening between them. Pressure, rubbing the bones together, cutting down and applying caustic to their ends were all evidently insignificant in this case. The seaton, regarded in this country as *the remedy* for ununited fractures is hopeless in cases of this kind; and it is from its having been used indiscriminately in these and others of a similar nature, that it has lost, in foreign countries, the credit to which it is entitld. Resection was the only means offering some chances of success, but when we consider that the want of union was due, in all probability, to the spasmodic action of the muscles, there was evidently no security against the recurrence of the same cause after the operation. In order to guard against this result, I determined to put in practice a means which, as far as I have been able to learn, has not been used in similar cases. This method consists in cutting down to the bone, denuding or removing the ends, and then passing a wire around the extremities slightly overlapping each other, and twisting the ends of the wire together so as to bind the fragments immovably in this position.

I am aware that the wire has been recommended in cases of fracture of the jaw, being carried round the teeth, in cases of fractures of the petella and in cases of compound fractures; but all these cases are widely different

from the present. In case of fracture of the jaw, its application to the teeth is always harmless and often useful. In case of simple fracture of the petella, which, with good treatment, unites to form a useful member, cutting down to perforate the fragments, and hold them together with wire, is a useless and most dangerous operation, converting, as it does, a simple into a compound fracture, with opening into the articulation of the knee. But the principles applicable to that location are not to be generalized. It is obvious that in cases of ununited fractures with great mobility, the use of the wire may be made to answer the purpose of a seaton in exciting inflammation, while it holds the bones immovably in contact. In cases requiring resection or denudation it may be used as an additional means of security, or as a substitute, without increasing the danger. In many cases of superficially placed bones, its application is free from danger; and, while it holds them firmly in contact, its presence excites a moderate degree of inflammation.

Any one who will take the pains to examine the report of cases pseudar-throsis, given in different periodicals, will not fail to notice a certain number in which the use of this means is obviously indicated according to the well established principles of surgery. In some rare cases it will enable us to succeed when other means alone would fail.

These cases present themselves under such a variety of forms, situations, and circumstances, that no method of treatment is adapted to more than a small number, and new resources are still required for several varieties rebellious to the ordinary resources of art. When such cases present themselves to the surgeon, he should rather follow the indications and views which they suggest to his mind, than abandon it because the methods most approved are either inapplicable or unsuccessful. Guided by such views which we hope may be sufficient to justify us in using a means which some surgeons have, from its application in particular cases, condemned, we proceeded

on the 1st of March, 1848, with the assistance of Drs. Herrick and Blaney, and in presence of the class in attendance on our spring course of lectures, to perform the operation in the following manner:

An incision was made four and a half inches in length, upon the anterior and exterior side of the thigh, and carried down to the fracture. The ends of the bones were exposed and found to be covered with a tough fibrous tissue of great firmness. This was removed by means of the bone nippers from the end of the lower fragment; the end of the upper piece being very sharp, and having great tendency to project forwards, a chain saw was passed around it, and about an inch of it removed.

Extension being then made, the two extremities were approximated to each other, and a piece of silver wire, (like that used for constricting polypi,) doubled and twisted, was slipped over each end so as to encircle the two bones. The ends of the wire were then twisted together with sufficient firmness to prevent movement without exercising much pressure on the surface of the bones. The limb was then placed in an angular splint, the sides of the wound brought together with stitches of interrupted suture and splints applied so as to restrain its movements. The operation lasted perhaps half an hour, was well borne by the patient, and no vessel required a ligature. It was evidently, so far as the immediate depressing effects were concerned, much less severe than amputation of the thigh. Using the chain saw, instead of turning out the ends of the bones to saw them off, renders the operation less severe. Considerable inflammation followed, which was combatted with anti-phlogistic treatment. The wound healed by the first intention excepting at two points of sufficient extent to allow of the escape of matter. On the third day the spasm of the muscles of the thigh, before mentioned as having followed the fracture, occurred, being excited by the slightest touch or motion. It was so severe as to shorten the limb somewhat, and was attended with such

violent efforts at displacement as to show conclusively the necessity of the wire, or some equally effective restraining means. The suppuration diminished, the patient's appetite returned, and he was in every way comfortable.

The object of the wire—that of holding the ends of the bone firmly in contact until adhesions might be formed—having been accomplished, it was desirable to remove it. This was done on the 24th of March, as carefully as possible, but some inflammation followed, and on the 4th of April, fluctuation was perceived on the inside of the thigh, and a puncture was made. Under the use of astringent injections, the abscess contracted rapidly, and on the 16th of April there remained only a fistulous opening on the outside, and another on the inside, through which a few drops of serum could be pressed, At the end of twelve weeks he was allowed to move the limb in bed, and in four months he walked on crutches, the union being complete. At the present time, August 1st, he moves the member with great facility; the muscles atrophied from long inaction and pressure, are being developed by use; and, although, considerably shortened, it is far superior to any artificial limb.

It will be obvious that the use of the wire in this case, was the only means of avoiding a resort to that extreme resource of art, amputation.

This case is offered to the consideration of the profession, as indicating an additional curative means in a class of cases which sometimes resist the skilful application of every plan heretofore made use of.

ARTICLE II.

Old Dislocation of the Humerus Mistaken for recent Injury, and consequent Failure of the Attempt to reduce. By H. ROSENKRANS, M.D., of Ottawa, Illinois.

On the evening of the 28th ult., I was called to see Mr. R. A., a man of middle age, stout and muscular, Upon my arrival, I found him complaining of slight pain and soreness of the arm midway between the elbow and shoulder; he had also a bruised eye. The injury had been received in jumping from a wagon, and falling partly on the left arm. The arm was found extended at right angles with the body. He did not complain of pain in the shoulder, or of the injury affecting it; but, upon examination, I found that the shoulder was dislocated, the head of the bone resting below and anterior to the glenoid cavity, and under the pectoralis major muscle. I was surprised to find with what freedom I could move the arm; the patient complaining only when I happened to touch the lower third of the humerus, the part recently injured by the fall. Being satisfied of the correctness of my diagnosis, I commenced attempting its reduction. I first desired to bleed the patient; to this he objected, if it could be reduced without, consequently, I did not insist upon the bleeding, remarking to him, however, that it would require more power to overcome the resistance of the muscles, to which he seemed willing to submit, rather than to the venesection. I then had him placed on the floor, and, seating myself at his left side, placed my heel in his axilla and seizing his left elbow made what traction I could for a few minutes but to no effect. I then had him extended on a bench, with an extending bandage applied above the elbow and a sheet, passed under the axilla of the affected side and over the opposite shoulder, having care to prevent it from pressing against the pectoral and latissimue dorsi muscles so as not to

render useless the force applied at the elbow. All things in readiness, a man placed himself at the end of the sheet so braced against a door as to counteract the force of three men at the elbow. This amount of force was applied and kept up for some minutes, the patient complaining all the while. This did not produce the least movement of the head of the bone. I then ordered them to desist. We now sent for Dr. Howland. The patient having been bled to the amount of thirty ounces, the Doctor then placing his foot in the axilla, made what extension he could by taking hold of the patient's elbow, rotating the arm. Whilst manipulating in this way, the Dr. thought he heard the bone slide into place; the patient remarked, however, that it was his "elbow that snapped." I could not perceive that there was any alteration in the position of the head of the bone. I at this time began to conclude that the dislocation might be an old one, and called the attention of Dr. Howland to the atrophied condition of the deltoid muscles. I then enquired of the patient if he had ever noticed a difference in the two shoulders, to which he replied that he had for years past, and he then also stated that he had received an injury of that shoulder some fifteen years since, and that ever since that time he had had but imperfect use of it, not being able to raise weights, or hardly to bring the arm into a horizontal position. We left the patient, satisfied that the dislocation had existed from the time of the former injury.

Now the question arises—was there too great a tardiness in discovering it to be an ancient dislocation, under the circumstances? We certainly should not have attempted its reduction if we had known its antiquity, unless for consecutive dislocation, which, I think, did not obtain. The patient complained, for a few days, of pain and soreness in the elbow, bnt the shoulder did not trouble him, if we except the slight stiffness and soreness in the muscles, occasioned by the pulling to reduce the dislocation.

ARTICLE III.

Strictures on the use of Ergot as a Parturient Agent. Extracted from a paper read before the Indianapolis Medical Society July 1st, 1848. By JOHN H. SANDERS, M.D.

Various and contradictory opinions have been and still are entertained respecting ergot. Some have considered it a fungus, which has been named spermœdia-clavus; others again consider it as the grain of rye stimulated into diseased action by the presence of the sporidia of a fungus. This opinion, promulgated by Seveillé, has been sustained by Quekett. Similar statements are made by Phillipar and Smith, leaving but little if any doubt but that the spurred rye results from a disease of the grain, caused by the presence of a parasitical fungus, or, as others suppose, by a combination of morbific causes, such as heat and moisture, impairing or interrupting the healthy development of the grain in its incipient state.

Upwards of two hundred years ago we find mention made of it as a popular remedy in the hands of the midwives of France and Germany; and it was then considered as possessing powers capable of accelerating labor. Indeed, long before the profession paid any attention to it as a therapeutical agent, we find the midwives of olden times had been in the habit of giving it when, in their sage judgments, something was necessary to hasten or increase the pains of labor.

Admitting it, then, to possess these powers of inducing and increasing uterine contraction, and, sometimes, of hastening labor, it becomes a question of grave importance, whether it is ever needed, and under what peculiar circumstances or conditions it may, with impunity, be administered to the parturient female. The friends and advocates of the article admit its inapplicability in all

cases anterior to the birth, where the following conditions do not obtain. The os uteri must be soft and yielding, and, if not dilated, at least dilatable; the bladder of waters previously ruptured; the head or breech presenting; the uterine efforts feeble and inefficient, and no opposing obstacle to a natural delivery. Under such circumstances, it is said, it may be administered with the happiest effects. I will not say that, under such conditions it cannot be given without manifest injury to the patient or hazard to the child. But I do say that all the cases which have come under my supervision for upwards of twenty years have been conducted to a favorable issue without it. And when I reflect upon the misery and mischief which have grown out of its administration, I regret that it was not suffered to sleep with the midwives of France and Germany. Happy would it have been for the cause of humanity, and honorable to the profession, if our own distinguished countryman, Dr. Sterns, of New York, had not called the attention of physicians to it. Still more recently, the influence exerted in favor of it by Dewees has greatly contributed to its free administration, and, it is to be feared, not to the credit of the profession or the interest of humanity. None will, I presume, be so reckless, or through ignorance attempt to give it, if the os uteri be hard, rigid, or unyielding, and where the bladder of waters has not given way, and where the strength or tone of the general system is in a healthy condition, or when any other part presents save the head or breech. These seem to be the conditions governing its administration, which, if strictly attended to, might not lead to such mischievous results as too often attends its exhibition. But I have said it has not been necessary nor has it been absolutely indicated in any case which has come under my supervision for upwards of twenty years, and although I have had numberless cases characterized by all those symptoms on which its safe administration depends, yet I have always succeeded without it. It may be said by others,

however, that while I have succeeded without it, yet it follows not as a corollary, that its use should be interdicted.

What are the objections to its administration? The first is predicated upon a want of positive knowledge as to what causes the delay, whether it is from inertia or deficient uterine action, or from a great variety of causes over which time and rest might exercise the most salutary influence, and in due time accomplish that which at first seemed remotely promised. Another objection is the great suffering which it superinduces, causing pains of the most insupportable character, altogether different in their nature from the natural and healthy contractions which attend unassisted labor. The contractions induced by ergot assume more the character of tonic spasms than of the natural alternate action and relaxation. They are of much greater strength and of longer continuance; and every female to whom it has been given, so far as has come to my knowledge, has expressed her decided disapprobation of its effects, and a disinclination to taking it the second time. Indeed, to me it has ever seemed that its effects upon the uterus were to produce contractile rather than expulsive efforts, and hence arises danger of its rupturing or lacerating the womb, if not administered under the most favorable circumstances. Pains to promote labor should be contractile and expulsive, otherwise great suffering is experienced and labor not advanced. This is the character of the pains during the first stage of confinement, described by females as cutting or grinding pains. Another objection which may be urged against its use, is the great liability of its inducing uterine inflammation. I have known quite a number of cases follow its exhibition more especially in primipari labor, where no other good reason could be assigned. Such a result is not unreasonable, but comports with the soundest principles of pathology; for what else could be expected than that inflammation would follow when the uterine tissues had been inordi-

nately excited and made to labor beyond their strength? A morbid sensibility is thus created, and it would be strange if serious mischief did not result. This objection is of great weight, and if no other existed, it would be a sufficient cause for its entire rejection.

Another very serious objection to its exhibition is founded upon the acknowledged fact that it frequently causes the death of the child, or, at least, children are frequently still-born after its administration to the mother. The following are the remarks of a most distinguished physician of Europe upon the fatal effects of ergot. "In America it is observed that so many children are still-born after the exhibition of that article, that it has led many practitioners in this country to discontinue its use altogether." The reason of its fatal effects is not of difficult explanation, when we consider that the contractions produced by it are spasmodic, and of such a character as to interrupt the circulation of the maternal blood in the uterus and placenta for a long time, and thus prevent the necessary changes from taking place in the fœtal blood.

Doctor Hosack, of New York, speaking of this article says: "The ergot has been called, in some of the books, from its effects in hastening labor, the pulvis adpartum; as regards the child, it may, with almost equal truth be denominated the pulvis admortum, for I believe its operation, when sufficient to expel the child, in cases where nature alone is unequal to the task, is to produce so violent a contraction of the womb as frequently very much to impede, if not totally to interrupt the circulation between the mother and child. Superadded to all this, is the great danger of doing violence, not alone to the gravid uterus and its contents, but likewise to the vaginal parieties, upon the healthy integrity of which mainly depends the retaining of the uterus in its normal position, as it is now most generally admitted that prolapsus and prosedencia uteri are caused or greatly aggravated by a relaxation of the vaginal sheath. Again, there is a morbid sensi-

bility following its administration; the healthy secretions are interrupted or suppressed; a predisposition to inflammation created; and, too often, protracted recovery follows in the train. I am aware that the weight of popular authority is against me. But, gentlemen, what I know and that which I have seen, are of more importance to me than what I have read. And while a Ramsbotham, a Churchill, a Dewees, and a Meigs, with many others of equal fame, may commend it to the attention of the profession, permit one although his pretensions may be humble, to raise a warning voice against its use, as I consider it as incompatible with the soundest principles of pathology, and at war with the interests of humanity. Especially is it unnecessary in this country, where our females are generally blessed with good constitutions. If medical gentlemen cannot spare the time necessary for nature to accomplish the work, they would do well to retire and leave their patient in the hand of some discreet female friend, or send for some other physician. In so doing, much suffering and mischief would be avoided. But it may be asked, Do you not find many cases of lingering and protracted labor, arising from inertia or a want of vigorous uterine contraction, in which, from all appearances, labor might be terminated by a few pains? I answer, unhesitatingly, in the affirmative. But there are other appliances or aids which are always at command, and to which I have resorted for many years, in such cases. First, if the patient be in that condition upon which the safe administration of the article depends, I would enjoin rest, and give encouraging assurances. And in the absence of fever, I should not hesitate to give a glass of wine or some other grateful and moderately stimulating cordial. If the bowels should be constipated, I would order an enema of molasses and water, or simply tepid water. Such means, although simple, very frequently awaken, or excite parturient pains amply sufficient to accomplish the birth of the child. If these means should

fail, and if danger is not apprehended by delay, why resort to a doubtful to say the least, if not a dangerous remedy? I have had patients for hours and even days after the membranes had given way, and that, too, not prematurely, pass the time quite pleasantly, save a little mental disquietude, and yet do well ultimately. But should the importunities of your patient or the solicitude of friends seem to demand something more than the employment of the means above named, others might be tried, such as friction with the hand over the region of the uterus, or moderate pressure upon the abdominal muscles, or the application of cold wet cloths, or douches of cold water immediately over the hypogastric region. This practice, if adopted, will, in most cases, excite uterine contraction. In order to sustain and support that viscus, a binder or roller may then be applied moderately tight around the abdomen, in order to compress the abdominal muscles, and cause them to contract and co-operate in the great work of delivery.

Another objection to the use of ergot is this—that while all admit it to be an excitant and capable of producing violent parturient efforts or pains, its operation is exclusively confined to the uterine tissues and therefore this organ is made to labor inordinately. This is not the case with those means or instrumentalities which I have recommended to be brought into requisition. They not only excite uterine contractions, but, at the same time, bring to its aid the corresponding and co-operating efforts of the diaphragm and abdominal muscles, which is of great importance both during the period of the child's transit and afterwards as a means of preventing hæmorrhage, which frequently jeopardizes the life of the patient.

Permit me further to remark, that I have known ergot given by physicians and midwives to patients in the condition fully to justify its administration, as they have declared to me, when, to their surprise, it has seemed to counteract or subvert the order of labor, and instead of

hastening the birth of the child, absolutely to arrest its further progress. This it does by exciting a spasmodic action or stricture in the circular bands or fibres of the cervix uteri; and frequently it becomes necessary to give some powerful anodyne for the purpose of overcoming or relaxing the rigidity consequent upon its use.

These, gentlemen, are a few of the objections I have to to its administration when given purposely and solely to expedite labor. I will now proceed to give my objections to its use, after the birth of the child, in order to hasten the expulsion of the placenta. And here let me ask, what is the condition or state of a female immediately subsequent to the birth of her child? Most generally it is that of extreme exhaustion, occasioned by the expenditure of power consequent upon the long and repeated efforts of nature to accomplish delivery. It is, therefore, necessary to give time and rest, and some restorative to favor the renewal of those healthy contractile efforts of the uterus which will generally follow in fifteen or twenty minutes after delivery. Should that, however, not be the case, and even should there be but little if any disposition in the uterus to close down upon itself, there is no danger in delay, and I have always found that, by having recourse to means above suggested, in due time, the object has been accomplished. Should there be hemorrhage from a partial separation of the placenta without due contraction, I should not delay, but bring immediately into requisition these means I have named, such as pressure, cold applications, &c., and even the immediate introduction of the hand into the uterus, which, not unfrequently, by its presence simply, brings about contraction. But in after hemorrhages, or hemorrhages occurring after the expulsion of the membranes, if friction, pressure, cold applications, &c., should not arrest it, I should then not hesitate to give ergot in sufficient doses to make a decided impression on the uterine fibres.

For the benefit of those of limited experience in the pro-

fession, I will here make (to my mind a practical) suggestion. Should you be called to attend a lady who had previously borne children, and who had generally suffered inconvenience after the birth of the child, either from retention of the placenta or hemorrhage, I would advise you to adjust the binder or roller around the abdomen, not so tight as to occasion inconvenience; and as labor advanced have it tightened, and, at the same time, keep back or hinder the immediate birth of the child, by gently pressing with the hand on the perinœum, in order to give the uterus time to contract upon itself as the child is expelled.

Another difficulty to the inexperienced may here present itself. Not unfrequently the placenta is retained after separtion, by an over or excessive contractile disposition of the uterus. This contraction may sometimes require bleeding to overcome it, and then, by the introduction of one or more fingers, with gentle traction at the cord, you will succeed. Should the placenta not be detached after you have freely bled your patient, the hand must be gradually insinuated into the uterine cavity and by the finger you may gently separate it, then, by the withdrawal of the hand it will follow. I have not unfrequently had to give tartar, ipecac., and opium, in addition to bleeding before I could overcome the contraction. But I find, gentlemen, I am extending my remarks beyond the limits contemplated at the beginning of this address, and shall therefore dismiss the subject, hoping that some practical good may result from this imperfect sketch, especially to the junior members of the profession.

ARTICLE IV.

Observations on Abdominal movements as connected with Pregnancy. By JOHN E. MCGIRR, A.M., M.D., Professor of Anatomy, Physiology, and of Chemistry, in the University of the Lake, Chicago.

In January last, Mrs. M., Æt. 41, applied to me for relief from the annoying symptoms that troubled her in this her eighth pregnancy. She considered herself now in her seventh month, and she had felt the motion of the child, she said, from about the usual period. At the beginning of each month, she was troubled with very severe lumber pains, and she sometimes feared a miscarriage; at each of these times a "small appearance," as she termed it, taking place, she was tolerably well until the next term. She remarked that she felt somewhat uneasy about her condition; that she did not think she had ever been subject to the same kind of sensations in any of her former pregnancies, and besides that, she was much smaller than she thought she ought to be; still, that the movements were so distinct as to leave no doubt on her mind as to her condition. But experience had long led me to doubt that because abdominal movements were present, therefore pregnancy must exist; and auscultation satisfied me that no young heart throbbed beneath her own. It is not necessary to pursue this case in detail—suffice to say that, in spite of her incredulity, the ninth, tenth, and eleventh months passed, and yet no "bairn" appeared to gladden its mother's heart; but that, now the uterine function is performed regularly, and she admits that "Doctors do know some things better than women!!"

The very remarkable and interesting case published in the last No. of the "Illinois and Indiana Medical and Surgical Journal," p. 554, under the heading "Abdominal Tumor mistaken for Pregnancy," is another instance in

point. Here a distinguished practitioner was in error. "A movement like that of a living fœtus was distinctly felt;" "at five months the patient was conscious of a movement and pulsation in the abdomen, and believed herself pregnant." "The gradual increase of size went on, and the mother (who now slept with her daughter) said that the movement of the child continued. The patient complained of its violence in bed," &c. The lady died, and a post mortem examination revealed the nature of the case.

In 1844 I attended a lady, Mrs. R., Æt. 23, in her second pregnancy. Her case was a very tedious one; but as she said that she had constantly felt the motion of the child, there seemed to be no cause for interferance; but, after several hours of excruciating suffering, the powers of the mother began to flag. The os uteri being fully dilated, ergot was administered and the child was speedily born, but in so *putrid* a condition that it could scarcely be removed entire from the couch. She now told me that, sometime before, her little daughter had kicked her violently in the abdomen, so much so as to wake her from a deep sleep; that from that time until now she had suffered much. She expressed herself as having felt a "dead weight" in the abdomen, but, *as she felt the motion of her infant even more than before, she did not suspect its death.*

Instances the reverse of this, in which the child was born alive after all motion had ceased, and when the mother believed it dead, have occurred to every accoucheur who has attended many cases. It will not, therefore, be necessary to notice any one particularly.

If what I have said is correct, are operations, on the chances of which the lives of two human beings hang, to depend upon the absence or presence of these motions? "These movements are almost entirely attributed to the fœtus; there is hardly a point in utero-gestation upon which greater unanimity prevails"—and yet cases without number could be adduced which prove how fallacious is this

test of pregnancy, or of the life or death of the fœtus, and which demonstrate, beyond the shadow of a doubt that the sensations of the mother and the manipulations of the practitioner are no safe guides, but that, if followed as they unfortunately too frequently are, they lead to the most lamentable and reprehensible results. How, I may be asked are we then to ascertain the existence of pregnancy, or the propriety of operating in doubtful cases if the presence or absence of these movements affords no indication? I answer that auscultation will afford the only reliable means of judging. In what a predicament then are those professing accoucheurs who refuse to avail themselves of this means of diagnosis, or who deny its advantages and unfortunately there are many, very many, who call the use of the stethoscope a humbug! If I could remove the covering which the grave places between them and their unfortunate victims, rashly, villanously, sacrificed, if I could hold up before their eyes their gory remains, streaming with blood, all of which might have been avoided by the use of this instrument, their slumbers would be haunted by more ghosts than ever visited the pillow of many a being who has paid, upon the scaffold, the penalty which the laws have imposed upon the shedder of the blood of his fellow man.

As this communication is already long enough, I will not lengthen it by farther observations that I intended to have made upon the cause and nature of these abdominal movements. These will form the subject of another paper.

ARTICLE V.

Adipose Tumors. By JOHN T. PLUMMER, M.D., of Richmond, Indiana.

As Medical Journals are often made the store-houses of facts not immediately appropriated, I take the liberty of asking a place for a case which, although of little importance in itself, may be of use in a theoretical bearing.

"Steatomatous tumors," says Astley Cooper, "are generally said to be encysted, but it is not so. The character of them is lobulated, consisting of lobes united together by cellular membrane." Again: "They are quite unattended with pain." And, finally: "They are the growth of the adipose cells."

If the distinguished surgeon just quoted, intended to say that steatomes are in themselves insensible, he has been unhappy in the use of his language; if he means that these tumors do not excite pain—that is, "are quite unattended with pain"—I must be allowed to say, that my experience does not confirm the unqualified statement. Indeed, most of the applications made to me in these cases, have arisen from the very fact that the tumors occasioned pain; and sometimes, too, when the tumors were comparatively small. One, I find in my notes, not more than one and a half inch diameter, on the top of the foot, created severe pain, even through to the sole of the foot.

Neither have I always observed the lobulated character mentioned; and especially was it absent in the following case:

A woman, between 60 and 70 years of age, applied to me on account of a tumor which lay above the left clavicle and extended up the neck. It had existed about eight years and was now so painful that she was desirous of having it removed. It was of an ovoid form, and, from its mobility, I had no doubt of its being what we generally

call an encysted tumor; although we do not always find them enclosed in a *cyst*. I had removed, a month or two previously, from beneath the scalp of the same patient, a honeyed wen, (melliceris,) and a mealy wen, (atheroma,) by evacuating the sacs, and blowing into their cavities a small portion of red oxide of mercury, and she was desirous of having the same method applied to the present tumor. The size of the wen being the only objection to gratifying her in this particular, I punctured the mass; but not being able to press out its substance, I made an incision nearly the whole length of the tumor, and speedily dissected it out. It proved to be a steatome, (improperly, though conveniently, ranked among encysted tumors) of very firm consistence, and, in my experience and recollection of authors, of an unusual structure.

In the centre of the mass, which was four or five inches long, was a nucleus about two inches in diameter; and around this lay a succession of strata, like the coats of an onion, varying from one-eighth to one-fourth of an inch in thickness, and completing the tumor. These layers were slightly united to one another, and to the nucleus by cellular tissue. As far as the eye could perceive, the whole structure of the tumor was homogenous. When thrown into water, the tumor sank to the bottom, but quickly exuded some of its oily portions, which rose to the surface in rich yellow dots.

If this tumor originated from the "morbid growth of the adipose cells," by what peculiar action were those cells disposed in this stratified form?

This question in the hands of such morphologists as Goethe, Mohl, and Henfrey, who, out of a simple cell, can construct not only the meanest plant, but also the stateliest complicated oak, would, perhaps, not be of difficult solution; but my province, in the present case, is simply to record appearances.

ARTICLE VI.

Singular Case of Uterine Fleshy Mole. By R. R. STONE, M.D., of Dorr, McHenry county, Illinois.

Mrs. H., Æt. 45, had been troubled with an enlargement of the uterus for some fifteen years. The distension commenced soon after a time when she considered herself pregnant, from the fact that there was a cessation of the menses at the time for some seven periods, but which again made their appearance, although quite irregular as to time and quantity. The uterus increased in size, rose in the pelvis, and seemed to go through the several stages of gestation with apparent motion of the child, until the seventh month when irregular pains commenced, and medical aid was called, but attempts to remove the then supposed dead fœtus did not succeed. She remained in that situation, partially recovering her health, but the distension remaining nearly the same, for six years, within which time she became pregnant and was delivered of a living child. During the period of gestation the enlarged uterus extended into the upper abdominal regions, and pressed hard upon the stomach and liver. After delivery the tumidity continued about as before pregnancy. Catamenia still irregular until last fall, when Dr. Coon, my partner, visited the patient. October tenth, by his request I saw her with him. She then presented the following symptoms. The uterus, which was enlarged to about the size of one in the seventh or eighth month of gestation, occupied principally the middle and right lower abdominal regions, the right side of the fundus being very hard and tender upon pressure. She suffered continually from pain which was mostly over the region of the tumor, but extended to the loins and down the thighs. But little could be ascertained concerning the nature of the contents of the uterus by examination per vaginum, as the os uteri was

rigid, nearly closed, and above the superior strait. A small quantity of saneous and purulent fluid escaped during most of the time, together with small fragments of oscific matter resembling caries from the size of the finger nail to mere powder. Small fleshy masses were also frequently passed, some weighing over an ounce. As the patient was extremely weak, anodynes and tonics were administered.

But little relief was at first obtained. After a time, however, she began to convalesce, and was able to be about the house and ride out occasionally, and remained so until April 30th when, after riding six or eight miles in a lumber wagon, the former symptoms returned with increased severity. She was then seen by Dr. C. and myself. Had irregular uterine pains which distressed her much, but which were allayed by opiates.. The os uteri still remained rigid. An ointment of belladona was applied to the cervix which dilated the os tincæ in a measure. The pains, which were now permitted to go on, continued about 48 hours, when a soft, apparently fleshy mass, which presented at the superior strait, was finally, with manual assistance, expelled, when nearly a gallon of semi-purulent fluid escaped, together with so much fœtor that it was almost impossible to remain in the room. The substance expelled, upon examination, was found to consist of a homogenous conglobate mass, weighing about four and a half pounds, of a yellowish color, resembling healthy liver in consistence, but much more elastic and covered externally with scales of ossific matter. It was about ten inches in length, four in width, and from two to three in thickness, being somewhat wedge-shaped. Upon making an incision longitudinally a cartilaginous line was found to run transversely, and another to cross this at right angles, running the whole length.

The uterus contracted but partially at first, but it continued to contract and descend, so that at present it has assumed nearly its natural position, but is considerably

enlarged, which condition I presume will remain. The ossific scales have continued to pass and are occasionally discharged at the present time. The fluid discharge continues, but in much less quantity. The patient is now able to walk a half mile, and is daily improving.

[The great length of time the tumor above described seems to have remained in the uterus, and the conception and delivery of a living child during the period, are very remarkable features in the case; the first of which renders it impossible to determine whether the mole was the result of conception or not, as changes might have taken place in the course of fifteen years, destroying all traces of the ovum had one existed at first. The attachment of the mass to one side of the uterus must have been quite firm at the time of the delivery of the living child, or the parturient efforts would have detached and expelled it.

The ossific scales that were formed on the surface of the mass, form another singular feature of the case, for which no satisfactory explanation can be given.

Altogether, it is one of the most singular cases on record.

E.]

Part 2.—Reviews and Notices of New Books.

ARTICLE I.

The Human Brain: Its Structure, Physiology, and Diseases. By Samuel Solly, F.R.S., &c. Lea & Blanchard: 1848.

Physiological Anatomy and Physiology of Man. By B. R. Todd, M.D., F.R.S., and W. Bowman, F.R.S., of King's College, London. Lea & Blanchard: 1848.

Among the medical books republished recently in this country are Solly on the Human Brain, and Todd and Bowman's Physiology; both truly valuable scientific and practical works, and both containing an unusual amount of valuable and interesting information relative to the nervous system, anatomically and physiologically considered.

This is a subject, as our readers are aware, to which modern anatomists and physiologists have been directing particular attention of late, and upon which much additional information has been acquired as the result of their investigations; we shall, therefore, take up, in connection with Mr. Solly's work on the brain, so much of the Physiological Anatomy of Todd and Bowman as treats of the nervous system, and endeavor to give to our readers a brief abstract of the views expressed by these authors concerning its structure and functions, with such facts from other sources and remarks as may seem appropriate or interesting in connection with the subject.

All modern anatomists agree in stating that there are two kinds of nervous matter—the corticle, gray or vesicular; and the medullary, white or fibrous.

The vesicular matter, composed of vesicles, irregular in shape, and of a dark color, is found upon the external

surface of the cerebrum and cerebellum, in the interior of both the brain and spinal cord, and constituting, in part, the ganglia, both of the sympathetic and sensitive nerves. The white or fibrous matter is the sole constituent of the nerves proper; it is found, also, more or less intimately connected with the gray in the brain, cord, and ganglia.

Anatomical facts, experimental physiology, and pathology, all unite to justify us in coming to the conclusion that the two kinds of matter above named differ from each other very materially, both in their anatomical structure and physiological action.

The vesicular or gray matter is found always constituting a part of those portions of the nervous system in which the true nerves originate and terminate. It is never found connected with other organs, except by means of the white nerve fibre. Its development in any portion of the nervous system is always in proportion to the number of white fibres originating from the part, and to the number and importance of the organs or tissues supplied by them. In view of these facts, most modern authors agree in the conclusion that the manifestations of power as seen acting through the motor nerves upon the muscles, and also the capability of receiving impressions from without through the nerves of sensation, are both dependant upon the vesicular neurine in which they respectively originate and terminate, and which may be supposed to constitute the centers for both the origin and reception of nervous impressions.

The anatomical structure of the fibrous or white substance is very different from that of the vesicular neurine, being composed of numerous ultimate nerve fibres, which are described as so many cylindrical white tubes, filled with a delicately organized soft matter, the axis cylinder. All nerves, whether of motion, sensation, or the special senses, are constituted entirely of these ultimate white fibres, which are found to extend, without giving off branches, or forming connection one with another, from the

gray matter of the brain, cord, and ganglia, to all the organs to which nerves are distributed. It is very probable, therefore, that it is the office of the white nerve fibre to transmit nervous influence, whatever may be its nature, to and from the ganglionic centers of gray matter.

It is still a desideratum with anatomists to determine how these ultimate fibres terminate in the gray matter. Some contend that it is in the form of loops, as in the muscles, but the most recent investigations seem to favor the conclusion that each ultimate fibre terminates in a vesicle, and that the substance of the latter is continuous with the axis cylinder of the former.

Messrs. Todd and Bowman make the following statement in reference to this subject: "The fibres of nerves may be traced into the nervous centers, the white or fibrous part of which they contribute to form. As they enter the center, the fibres diverge slightly, either singly or in separate bundles, and pass on to form a connection with vesicular matter in the immediate vicinity of the point of immergence, or at a more remote situation. How the fibres comport themselves with respect to the elements of the vesicular matter is not exactly known. It is certain, however, that nerve-tubes frequently adhere to the sheaths of nerve-vesicles, and that many of them pass between the nerve vesicles, probably to form a connection with more distant ones. This may be well seen in the vesicular matter of any of the centers. It is very distinct in the ganglions, and also sufficiently manifest in the spinal cord or brain. In the last-named centers, some of the tubes which are found in the vesicular matter are reduced to an extremely minute size, and exhibit small varicosities, sometimes at very regular distances from each other.

"Valentin describes a looped and plexiform arrangement of the fibres in the vesicular matter of the centers. Hitherto, such arrangement has eluded our observation so completely, that, but for the high authority on which this statement rests, we should not have deemed it neces-

sary to allude to it. The only confirmation of this view with which we have met is derived from an highly interesting dissection, by Mr. Lonsdale, of Edinburgh, of a monstrosity, in which the spinal cord, medulla oblongata, and cerebellum were absent, but the hemispheres of the brain were present. Several of the encephalic and spinal nerves hung 'as loose threads' in the cavity of the cranium or spine. On examining the free or central extremities of these nerves, their constituent fibres were found to form distinct loops, convex towards the cranial or spinal cavity. These loops were imbedded in granular matter, supposed to be vesicular matter in an early stage of formation. Similar loops were observed by the same anatomist in the cranial nerves of an anencephalous fœtus which had been preserved in spirits."

It is well known that the functions of nerves differ very materially. The motor nerves, for instance, seem to transmit nervous influence from within outwards, and in an opposite direction to that in which impressions are apparently conveyed by the nerves of sensation, it being from without inwards. In tracing the ultimate fibres of the nerves of motion from within outwards, or in the direction of the supposed current, they are found to pass into the muscles and out again in such a manner as to form loops, each constitued of an ultimate nerve fibre which as it is found not to terminate in the muscle, must be supposed to have both its origin and termination in the gray matter of the brain or cord. It seems, then, that the manifestations of the nervous power transmitted by the motor nerves, is not at either extremity of the fibre, but at the point where it passes uninterruptedly through the muscle.

Reasoning from analogy, it seems possible and even probable, that the ultimate fibres of the sensitive nerves terminate in like manner in the form of loops in the gray substance of the brain or cord.

The nerves of motion, sensation and the special senses,

are all constituted of white fibres, of apparently the same anatomical structure. The greatest difference between them is in their mode of distribution and termination, and it may be that the difference in their functions is dependant upon this circumstance rather than upon any difference of structure. It is found, for instance, by the recent investigations of Messrs. Todd and Bowman, that branches of nerves are either tactile or gustatory, according as they terminate in one or another of three different varieties of papillæ found upon the surface of the tongue, each indicating by its structure, its appropriate function. Those for touch, for instance, resemble, in every respect, the tactile papillæ upon the ends of the fingers, being protected by an epithelial covering nearly as dense and permanent as the cuticle, and differing very materially from another variety, which are larger, more spongy, imperfectly protected by an epithelial covering, and therefore well adapted in structure for the performance of their appropriate function—the absorption of fluids holding sapid substances in solution.

After describing these different varieties of papillæ very minutely, the authors above named go on with their observations upon this subject as follows:

The reader will at once recognize the broad and obvious distinction between the papillæ last described and all other varieties, and will probably surmise, on structural grounds, that they can scarcely share in the reception of impressions which depend on the contact of the sapid material with the papillary tissue. The comparative thickness of their protective covering, the stiffness and brush-like arrangment of their filamentary productions, their greater development in that portion of the dorsum of the tongue which is chiefly employed in the movements of mastication, all evince the subservience of these papillæ to the latter function rather than to that of taste; and it is evident that their isolation and partial mobilily on one another must render the delicate touch with which they are endowed more available in directing the muscular

actions of the organ. The almost manual dexterity of the organ in dealing with minute particles of food is probably provided for, as far as sensibility conduces to it, in the structure and arrangement of these papillæ.

The simple papillæ on the base of the tongue, and those clothing the circumvallate and fungiform papillæ, do not appear to differ from one another in any important structural condition, notwithstanding their variety of outward form and arrangement in the compound organs: their epithelium, though of the scaly kind, is very thin, and would easily permit the transudation of sapid substances dissolved in the mucus of the mouth. The softer and perhaps cellulated interior of these papillæ may have a further influence on the act of sensation. With regard to the use of the singular configuration of the circumvallate and fungiform papillæ, it may be conjectured that the fissures and recesses about their base are designed to arrest on their passage the small portions of the fluids in which the sapid materials are dissolved, and thus to detain them in contact with the most sensitive parts of the gustatory membrane.

We may here allude to a certain gradation that is apparent from the papillæ of touch, through those of taste, to the absorbing villi of the small intestines. Touch shades into taste, and at a lower point sensibility is lost. In the tactile papillæ, the excitant of the nerves merely comes into contact with the exterior of a thick epidermic covering: in those of taste, the epithelium is permeated by the special excitant of the nerves; while the intestinal villi are still more elaborately and exclusively organized for absorption. Another class of papillæ might be here spoken of in conjunction with those of taste, as will be seen at a future page.

On the precise seat of Taste.—Authors differ considerably on this subject: some limit it to the hinder part of the tongue about the root and sides; some extend it more or less over the whole dorsal aspect and to the tip; others describe it as existing also on the soft palate; while Magendie is of opinion that the pharynx, gums, and teeth are likewise possessed of it. This contrariety, while it shows the difficulty of the subject, may be in some measure explained by the indefiniteness of tastes when faintly perceived by small portions of the surface, by the influence on taste the commonly associated senses of touch and

smell, by some diversities really existing in different individuals, and by the ambiguity necessarily attending experiments on special sensation among the lower animals. As the subject is interesting in its bearing on the question of the nerves of taste, we shall here briefly consider it.

Touch, as it exists in the tongue and other highly endowed parts, discovers to us not merely the presence and physical properties of bodies, but their actual position: we recognize the situation of the impression in reference to the whole organ, by virtue of a power common, in a greater or less degree, to all sensitive nerves. Every one who has attended to the effect of sapid substances applied to small separate parts of the tongue must feel that a similar capacity of assigning the position of flavors accompanies the sensation of taste; and on this power in the nerves of taste, aided, as is usually the case, by the nerves of touch, we greatly rely for the determination of the question before us.

In the first place, all allow that acute taste resides at the base of the tongue, over a region, of which the circumvallate papillæ may be taken as the center, and also on the sides near the base. These parts are supplied solely by the glossial twigs of the glosso-pharyngeal nerves.

Secondly, some writers, among whom are Valentin and Wagner, believe the middle and anterior parts of the dorsum of the tongue to be usually incapable of appreciating flavors; while numerous others hold the contrary opinion, with which our own careful and repeated experiments, on other persons as well as ourselves, quite accord. Sour, sweet, and bitter substances applied to the sides, and especially to the tip of the protruded tongue, we find to be at once distinguished; though, when placed on the middle of the dorsal region, they make little or no impression till pressed against the roof of the mouth. In the latter case, however, the taste of sugar is sufficiently distinct, and referred definitely to the spot on which it is laid; so that its being tasted does not depend on its diffusion or removal from the central to the circumferential parts, as some imagine. The region now spoken of is supplied almost solely by the lingual branch of the fifth nerve, though Valentin has described a twig of the glosso-pharyngeal running on the under surface towards the tip.

We conclude generally, with regard to the tongue, that the whole dorsal surface possesses taste, but especially the

circumferential parts, viz., the base, sides, and apex. These latter regions are most favorably situated for testing the sapid qualities of food: while they are much less exposed than the central part, to the pressure and friction occasioned by the muscles of the tongue during mastication. The central region, as a whole, is more strongly protected by its dense epithelium, and is rougher, to aid in the comminution and dispersion of the food.

Thirdly, the soft palate and its arches, with the surface of the tonsils, appear to be endowed with taste with various degrees in different individuals. Admirault and Guyat affirm that the sense is acute in a spot about the centre, above the uvula; and in some individuals it has so appeared to us. We have also found evidence of the existence of taste on the sides and arches of the soft palate in some individuals, but not on the pharynx, gums, or elsewhere. The soft palate and its arches are supplied by the posterior palatine branches of Meckel's ganglion, and sparingly by the glosso-pharyngeal nerves.

Of the Nerves of Taste.—Taste having been shown to exist indepenently in parts supplied, on the one hand solely by the glosso-pharyngeal nerves, on the other solely by the lingual branches of the fifth pair, it follows, as a direct consequence, that these nerves must respectively participate in the sense; and there is, besides, reason to attribute a share to the palatal branches of the fifth. Amid many conflicting, and some quite irreconciliable statements on this disputed point, with which it would be needless to distract the reader's attention, the weight of evidence derived from other sources seems to be much in favor of the above conclusion.

The origin and connections of glosso-pharyngeal nerves, which will be described at a future page, may be referred to in connection with this question. Rapp found no lingual branch of the fifth in the tongue of the swan or parrot, both of which have acute taste. The glosso-pharyngeal and par vagum supplied the organ.

It seems, then, that all nerves are constituted of white fibrous matter; and that, so far as can be determined by microscopic observations, the difference in their functions depends upon the mode of distribution and termination of the ultimate fibres, rather than upon a difference in stricture.

Another important office of the fibrous neurine is to form bands or commissures connecting different ganglionic centers of gray matter, as, for instance, the corpus collosum connecting the cerebral hemispheres, the pons varolii uniting the two lateral portions of the cerebellum.

The nervous system of many of the lower tribes of animals is found to be constituted of ganglionic centers of gray matter, connected together by cords of fibrous neurine each forming a distinct nervous center, for the performance of a particular function, and for the origin and termination of nerves passing between the ganglia and supplying organs in the vicinity.

In the nervous systems of the higher orders of animals these ganglionic centers become more numerous and their connctions more intimate in proportion to the perfection of their organization, and to the number and importance of their animal functions, till, in man, their complete union constitutes a continuous chain of ganglionic centers of cineritious neurine, each having its appropriate function to perform, as stated in the following extract from Mr. Solly's work:

This cineritious neurine must be regarded as constituting a chain of ganglia, and not as one continuous ganglion; each set of spinal nerves having its own individual nervous center corresponding to its osseous center or vertebra. It is only by thus regarding the composition of the cord that we can account for the uniformity in the number of the cervical vertebræ in Mammalia; the number of the bones being regulated by the number of nervous centers requiring protection. The reason that these are uniform in Mammalia is, that in this class only is there a perfect muscular diaphragm, with a phrenic nerve, having its specific number of roots and corresponding number of ganglia. The anatomical continuity of this gray matter, and its physiological or functional separation into distinct ganglia or centers, is another fact of importance to show that we must not look for anatomical lines of separation in order to establish distinction of function.

In tracing the spinal cord from below upwards, we find that portion of it within the cavity of the cranium named the medulla oblongata, enlarged and of a complicated structure, and containing a large amount of vesicular neurine which, according to Solly, helps to form six distinct ganglia, three upon each side; the olivary or lingual, for presiding over the movements of the tongue as an organ of speech, and giving origin to the lingual nerve; the lateral or the ganglion of the pneumogastric nerve, and the auditory ganglion.

Mr. Solly's views concerning the functions of different portions of the brain are embodied in the following brief extracts:

Cerebullum.—The extensive surface of vesicular neurine which constitutes the ganglionic portion of this encephalic center, shows that it must perform some very important office in the animal economy; that it must, in fact, be a ganglion, or a series of ganglia, of great power. Its extensive nervous and commissural connections also support this opinion. The motor and sensory tracts, as they form the restiform bodies and plunge through the substance of its great transverse commissure, have a connection with its nucleated dynamic vesicle. By the inter-cerebral commissure the cerebellum is intimately associated with the optic, the anterior and posterior cerebral, and the hemispherical ganglia.

From what has been already said in the sections on comparative and human anatomy regarding the function of this organ, the reader will be prepared for my opinion on this subject.

There can, I think, be little doubt but it is a regulator and co-ordinator of muscular action on the one part, most probably by means of the central portion of the cerebellum, viz., the superior and inferior vermiform processes. On the second part, it certainly would appear to hold some relation to the generative function. The pathological and other facts adduced by Drs. Gall, Vimont, and Broussais, on this subject, are very striking, and almost as conclusive as all other physiological evidence.

The *locus niger* in the crus cerebri is the next ganglion

for our consideration; it is the serial homologue and analogue of the anterior peaks of gray matter of the spinal cord. It is, I suppose the seat of the excito-motor power of the third pair of nerves, the importance of which, in relation to the instinctive and conservative movements of the eyeball need not be insisted on here.

The *tubercula quadragemina*, or optic tubercles, we may fairly conclude, are the instruments by which the physical impressions of light received by the retina are converted into sensations of light, color, form, &c.

The optic thalami and corpora striata, or anterior and posterior cerebral ganglia, are the next in rotation. With regard to the office of these nervous centers, we have already had occasion to consider the thalamus as the essential ganglion of the sensory tract, as the corpus striatum is of that of the motor tract.

* * * * * * *

We come lastly to those important ganglia which crown and cover in the rest—the hemispherical. If there is one point in the physiology of the brain more unequivocally demonstrated than another, it is that these ganglia are the instruments of the mind—the portions of the brain in which sensations are converted into perceptions, and give rise to ideas. Comparative anatomy; developmental anatomy; experiments on living animals; observations on its size and form, as indicated by the size and form of the skull; and last, but not least, pathology—all afford a mass of overwhelming evidence that this portion of the brain, and this only, is the cerebral organ of intellectual power.

In comparing the two works before us, so far as both treat of the structure and functions of the brain and nerves, it will be found that Mr. Solly is disposed to adopt the popular theoretical views of others, to indulge in speculations of his own, and, in some instances to claim originality in the publication of views and opinions long since expressed by others. If we are capable of judging, Messrs. Todd and Bowman have taken a different course, and one better adapted for the advancement of science. Their physiological deductions are based principally upon well established anatomical facts, supported by the experiments of others, verified by themselves, and by a judicious selec-

tion of known facts in pathology, illustrative of physiological action. Theoretical views of their own and of others appear to be considered by them as valuable only so far as they may lead to the discovery of new truths.

In order to show our readers that we are justified, to some extent at least, in making these remarks, we will direct their attention to a part of the quotation last made from Solly's work, in which he unhesitatingly adopts the phrenological views with regard to the functions of the cerebellum, and also to the following, in our opinion, conclusive objections made by Todd and Bowman to this, at one time, popular theory:

It remains for us to notice the celebrated theory of Gall that the instict of propogation has its seat in the cerebellum; which, indeed, according to the author of the theory, and the majority of his followers of the phrenological school, is exclusively devoted to that function. We conceive that this view is far from admissible, on several grounds, of which the following deserve particular mention.

1. It is extremely questionable how far the sexual instinct admits of being separated from the emotions—from those especially which are clearly instinctive in their nature; and, even if it were separable from them, its seems scarcely of such importance, when compared with the other instincts, as to need a separate organ of great magnitude and of complex structure. If we compare it, for example, with the instict of self-preservation, as manifested in providing either for the wants of the body, or for defence against assault, it certainly cannot be admitted to have a superior influence in the animal economy to this, the most pressing of all. Yet it is not pretended to assign a separate seat, even to this.

2. The nature of the generative instinct is scarcely such as to require in its central organ connections so extensive as those possessed by the cerebellum. It is not likely that this organ would be connected with any other part of the spinal cord than that from which nerves are derived to the organs of generation; nor is it conceivable that an instinct like this should require for its exercise fibrous matter in

such large quantity as exists in the cerebellum, taking its rise from so great a surface of vesicular matter.

3. The generative instinct is not so pre-eminently developed in man as to account for the great superiority in size, as well as structure, of the human cerebellum over that of the lower animals, even of the mammiferous class. On the contrary, it may be safely asserted that this instinct is much more powerful in the monkeys, and also in the frogs; in the latter of which the cerebellum is absolutely very small, and especially so, relatively to the spinal cord and the cerebral lobes.

4. If the cerebellum be the seat of the generative instinct, it ought to have exhibited marked indications of wasting, in cases where the genital organs have been mutilated; or where they have decayed in the natural progress of age. Yet the recorded cases of this nature are by no means conclusive; on the contrary, M. Leuret's remarkable observations show, that, in the gelding, the cerebellum is actually heavier than in either the stallion or the mare.

5. It does not appear, from pathological research, that the cerebellum has any peculiar influence upon the genital organs. Injury or disease of that organ very rarely produces any effect upon the penis; but lesion of the medulla oblongata or of the spinal cord is very apt to occasion a semi-erection of that organ.

The hypothesis of Dr. Hall with regard to the so called excito-motory system of nerves, reflex action, &c., are evidently regarded by Mr. Solly as well established truths in anatomy and physiology, about which there can be no question or difference of opinion among medical men. "These important discoveries," he remarks, "have been passed by unnoticed and unknown by that scientific society whose object is to promote science and reward real merit." This admission that the Royal Society has not as a body adopted or even taken notice of Dr. Hall's hypothesis is sufficient evidence of its not having been so generally adopted as we would be led to suppose by our author's remarks, and it seems to us that until this is the case this or any other mere theory, however attractive it

may be, should be treated of as hypothetical, especially in such as are intended to be standard works, and to treat of important subjects like that of the anatomy, physiology, and pathology of the brain.

By the following quotation from the work of Todd and Bowman it will be seen that there are at least two other theories, with regard to nervous action, equally as plausible as that of Dr. Hall:

What is the *mechanism* of these actions of the spinal cord—mental, physical, locomotive? This is a problem of the highest interest, bearing upon the mechanism by which nervous power developed in any nervous center, as well as in the cord, is capable of affecting peripheral parts; and it is on that account well deserving the most patient investigation.

We assume, as necessary postulates, preliminary to the discussion of this question, the two following propositions: 1. That the brain, or some part of it, is the sensorium commune; or in other words, that mental nervous actions (acts of volition and sensation) cannot take place without the brain. 2. That the vesicular is the truly dynamic nervous matter, the source of all nervous power,

The following hypotheses have been proposed in explanation of these actions.

1. The various muscles and sentient surfaces of the body are connected with the brain by nerve-fibres, which pass from the one to the other. Those fibres destined for or proceeding from the trunk to the brain pass along the spinal cord, so that that organ is in great part no more than a bundle of nerve-fibres going to and from the brain. These fibres are specially for sensation and voluntary motion.

But, in addition to these, there is another class of fibres proper to the spinal cord and to its intra-cranial continuation, which form a connection with the gray matter of the cord. Of these fibres, some are afferent or incident, others efferent or reflex, and these two kinds have an immediate but unknown relation to each other, so that each afferent nerve has its proper efferent one, the former being *excitor*, the latter *motor*. The aggregate of these fibres, together with the gray matter, constitutes the *true spinal*

cord of Dr. Marshall Hall, which is not limited to the spinal canal, but passes up into the cranium as far as the crura cerebri. These fibres are quite independent of those of sensation and volition, and of the sensorium commune. Although bound up with sensitive and motor fibres, they are not affected by them, and they maintain their separate course in the nerves as well as in the centers. Such is the hypothesis of an *excito-motory system of nerves*, and of a *true spinal cord*, the center of all *physical* nervous actions, which has been proposed and most ably advocated by Dr. Marshall Hall.

2. The fibres of sensation and volition proceed to and from some part or parts of the intra-cranial mass. Those which are distributed to the trunk pass along the spinal cord, separating from it with the various roots of the nerves, and in the course within the spine they mingle more or less with the gray matter. There are no other fibres but these (save the commissural), and they are sufficient to manifest the physical as well as the mental acts. Nerves of sensation are capable of exciting nerves of motion which are in their vicinity; and they may produce this effect even when the spinal cord has been severed from the brain, for their relation to the gray matter of the cord is such that their state of excitement is readily conveyed to it. This explanation tallies with the views of Whytt, Prochaska, and the other physiologists who had recognized the existence of a class of actions produced by the influence of sensitive upon motor nerves,

3. According to a third hypothesis, it is assumed that all the spinal and encephalic nerves, of whatever function, are implanted in the gray matter of the segments of the cerebro-spinal center with which they are severally connected, and do not pass beyond them. The segments are connected with each other through the continuity of the gray matter from one to another, and through the medium of commissural fibres which pass between them. Through these means, motor or sensitive impulses are propogated from segment to segment; and a stimulus conveyed to any segment from the periphery may either simultaneously affect the brain and cause a sensation, or be reflected upon the motor nerves of that segment and stimulate their muscles to contract.

The phenomena of nervous action, as our readers will

perceive, can be explained by either of the above theories; but in adopting that of Dr. Hall, we are obliged to assume what anatomists have not as yet been able to demonstrate, viz., that each compound nerve is constituted of four orders of fibres—nerves of sensation and of volition, nerves for conveying imperceptible impressions, and others for transmitting the stimulus causing involuntary contractions; and that the two first are in connection with the brain and the two last with the cord or other portions of the nervous centers not directly concerned in perception or volition.

The third hypothesis assumes what is more nearly in accordance with known anatomical facts, that the nerves both of sensation and of motion, terminate in or originate from the gray matter of the cord, and that the effect of impressions made upon these ganglionic centers through the sensitive nerves, may be transmitted by means of the fibrous connections with both, to the muscles or brain, to produce either involuntary motion or sensation; and also that the gray matter giving origin to the motor nerves responds, both to the stimulus of external impressions conveyed from without by the nerves of sensation, and to the mental mandate transmitted from within by the white fibres of the cord, to produce either involuntary or voluntary motions.

It seems to us that this theory is much less objectionable than that of Dr. Hall, from the fact that its plausibility depends less upon the assumption of anatomical facts; it is less complicated and therefore more nearly in unison with the simplicity of nature's operations.

It supposes that the gray matter from which the motor nerves originate, may be excited to action by either of two kinds of stimulus, that is, by impressions made upon the sensitive nerves or by mental action transmitted from the brain. There are numerous instances of the kind in which organs are excited to action in different ways. The muscles, for instance, contract under the influence of mechanical irritation, electricity, or the nervous stimulus. The

salivary glands are excited to action by the presence of irritating substances in contact with them, or by stimulus transmitted through the nerves and brain from the eye by the sight of food; and in fact it may be said to be a general rule with regard to the performance of the animal functions, that the same effects are most generally produced by a variety of causes.

Having shown our readers, as we believe, that, in the present state of knowledge concerning the structure and functions of some portions of the nervous system, it would be absurd to adopt, without qualification, either of the above or any other hypotheses to explain nervous action, we will make one other short quotation from Mr. Solly's work in order to show with what confidence he adopts hypothetical notions.

The spinal nerves are connected with the spinal cord by anterior and posterior roots. Each root consists of two sets of nerves, making, therefore, four sets of spinal nerves functionally distinct. The two anterior are the conductors of volition from the brain to the voluntary muscles, and the conductors of a stimulus to muscular action independent of volition from the ganglia of the spinal cord—the efferent nerves of spinal power. The posterior roots are also binary in their functional power—nerves of sensation conducting impressions to the brain, and recognized by the conscious being; and conductors of impressions to the spinal ganglia from parts requiring the protective action of muscles too important to be left to the control of mind—the incident nerves of spinal impressibility.

It will be seen by the above extract, that the author seems to take it for granted that four orders of nerve fibres have been discovered; that their functions have been determined; and that a nervous current is known to exist, passing always from without inwards in the sensitive, and from within outwards in the motor nerves.

With regard to the two first suppositions, it may be said, without the possibility of being thought incredulous, that

it is still a desideratum to determine for certainty what are the facts; and as to the passage of a current in certain directions it may be remarked that, although it is true that most authors speak of such a current as if no doubt could be entertained of its existence, still we are not justified by facts in considering this anything better than a theoretical view of the subject, adopted to facilitate the explanation of nervous phenomena.

In conclusion, we may remark that the views almost universally adopted with regard to the nervous current, is, as just stated, that it passes from the nervous centers to the muscles to produce contractions. Matteucci, on the other hand contends that electricity is constantly being developed in muscles, rendering them positive; that the relaxed condition depends upon the repulsive power thus existing in the ultimate particles, and that contractions are caused by electrical discharges taking place along the motor nerves in the direction from without inwards, consequent upon and controlled by acts of volition. H.

ARTICLE II.

On the Disorders of the Cerebral Circulation, and on the Connection between Affections of the Brain and Diseases of the Heart. By GEO. BURROWS, M.D., Lecturer on the Principles and Practice of Medicine in St. Bartholomew's Hospital, etc., etc. With colored plates. Lea & Blanchard: 1848.

The first part of this work is devoted to the cerebral circulation, and especially to contesting the doctrine sustained by Abercrombie, that the cranium is a sphere and contains, under all circumstances, the same quantity of blood

This doctrine, adverse to the current views of pathology as indicating that sanguine congestion plays a less important part in cerebral than in other diseases, is sufficiently disproved by daily observations of post mortem appearances, but the author of this work sets it at rest by experiments on animals. The brains of animals strangled and those bled to death differ greatly in appearances and in the amount of blood they contain.

The whole subject of pressure and its consequences is fully and judiciously treated, and another less important but deserving of more attention than it has received—viz., the want of pressure and its influence on the nervous functions—is dwelt upon to some extent.

The chapters upon the connection between diseases of the heart and those of the brain sustain the received views of the effects of hypertrophy of the heart and contraction of the aortic orifice in producing congestion and *ramollissement* of the brain.

There are also some interesting cases of pericarditis similating inflammation of the brain, an obscure and difficult point of pathology.

It is a work calculated to be of practical benefit, and we cordially recommend it to the profession. D. B.

ARTICLE III.

On Poisons, in relation to Medical Jurisprudence and Medicine. By Alfred S. Taylor, F.R.S., Lecturer on Medical Jurisprudence in Gray's Hospital, and author of Medical Jurisprudence. Edited, with notes and additions, by R. Eaglesfield Griffith, M.D., &c. pp. 687 8vo. Philadelphia: Lea & Blanchard. 1848. (From the Publishers.)

The excellent volume before us is an American edition of an English work—one of the best in the languaage—on

toxicology, in its relations to law and medicine. It contains all that is known of poisons up to the present day—their properties and appearance; symptoms produced by them in varied doses; chemical tests—the latest and most approved; value of medical evidence in trials for poisoning; rules of conduct for medical men in ante-mortem and post-mortem examinations, &c.—all amply illustrated by citations of cases.

The subject of general poisoning is first treated of very fully; the subject is then classified, and each class separately noticed, first generally, afterwards each individual of the class in detail. It offers to the medical jurist, in itself, almost all the information that he could require, or could obtain, in relation to poisons, from a library of periodicals, law reports, and works on medical jurisprudence, chemistry, or materia medica. The American editor has enriched the original work by additions from, and reference to, many other works and periodicals, principally American, to which, probably, the author had not access. The volume is thus rendered complete in all respects, and, to the American practitioner and jurist, essentially increased in value. The publishers have done justice in their department, to the value of the work, by expending upon it the best materials and mechanical execution. Having experienced its value in a recent case of trial for poisoning, in which many intricate points of legal, medical, and chemical evidence were involved, in which we were cited as a medical witness, we feel that we cannot too highly recommend it to all who wish to be accomplished toxicologists, or have any desire to do themselves and the profession credit, and the public justice, when concerned as physician, witness, or counsel, in cases of poisoning. J. V. Z. B.

ARTICLE IV.

Elements of Natural Philosophy: being an Experimental Introduction to the Study of the Natural Sciences. By GOLDING BIRD, A.M., M.D., F.R.S., F.L.S., etc., etc. With 372 illustrations. From the Revised and Enlarged third London Edition. pp. 402, 12mo. Philadelphia: Lea & Blanchard. 1848. (From the Publishers.)

The celebrity of the author is alone sufficient to recommend the above work to those who have noticed his contributions to medical science in the medical periodicals for the last few years—still more so to those who have perused his other works on subjects connecting physical science with medicine. The volume before us is intended principally as a text book for medical students attending the lectures of physics always preceding the chemical course in our medical schools. We heartily recommend it to such as the best work for its object which has yet appeared; indeed, excepting that future discoveries would require to be added, we can scarcely anticipate the appearance of another equally clear, concise, and well illustrated.

J. V. Z. B.

ARTICLE V.

Materia Medica and Therapeutics. By MARTIN PAINE, A.M., M.D., Professor of the Institutes of Medicine and Materia Medica in the University of New York, etc. New York: Samuel S. & William Wood. 1848. 12mo. pp. 411.

This work is what it professes to be—a compendium of therapeutics: giving also a short but comprehensive view

of the relative merits of the principal articles of the Materia Medica, arranged in the order of their relative value, with many useful directions for their preparation and combination.

It will be found to be a useful and convenient book for determining readily the properties and doses of different medicines and for ascertaining what are the proper doses and most approved formulæ to be used in their administration, and as such we cheerfully recommend it. H.

ARTICLE VI.

Lectures on the Physical Phenomena of Living Beings. By Carlo Matteucci, Professor in the University of Pisa. Translated under the superintendence of Jonathan Pareira, M.D., F.R.S., Vice President of the Royal Medical and Chirurgical Society. Philadelphia: Lea & Blanchard. 1848. 12mo. pp. 388.

The author of the work with the above title gives evidence, in these lectures, of an enthusiastic and discriminating mind engaged most laboriously in investigations upon one of the most intricate subjects—that of determining to what extent and in what instances the vital phenomena can be shown to be dependant upon physical causes.

The popularity of these lectures is evident, from the fact that two editions had been published in Italy and one in France previous to its translation into English.

Its republication in this country, places it within the power of all to secure for themselves one of the most interesting works recently published. No modern production has afforded us more satisfaction and pleasure in the perusal; we therefore unhesitatingly advise all such as have not already had an opportunity of doing so, to add it to their library. H.

Part 3.—Selections.

ARTICLE I.

Relations existing between the Clerical and Medical Professions—the Christian Examiner and the Hydropathic delusion. Communicated for the Boston Medical and Surgical Journal.

A recent number of this Journal gives an account of a vote introduced, and laid on the table for future consideration, at the meeting of the Connecticut Medical Society, the intent of which was to rescind that part of the code of medical ethics or usage by which physicians have declined compensation from ministers and their families for professional services. The innovation was based and defended on the ground that the deportment and feelings of the clergy, as a body, had broken off and annihilated that mutual relation of respect and support, on which so kindly a consideration had been so long sustained in New England. This regard to the ministers of the gospel is still more honorable to the physicians, when it is recollected that the service was from the poorer and worse compensated servant of the public, towards the less laborious and better paid; that is, if comparisons can be predicated between classes, both of which are so meagerly provided for as the country brethren.

A writer in a still earlier number, that of February 23d ult., gave some strange—probably before unsuspected—facts and statistics, demonstrating that colleges, always under clerical control and influence, had, from their very origin, treated the medical calling with a studied neglect, contempt, and omission—so palpable, so universal, as not to be accounted for or explained, on the idea of accident or mere coincidence. The physician has borne it all with "that sufferance which is the badge of all our tribe." This writer demonstrated, by a reference to triennial catalogues and other documentary publications of the colleges themselves, that medical men never had either lot or part in the boards of trustees, examining bodies, or as recipients of

the higher honors, within their trust. In fact, in eighty members of trustee boards, two only are physicians. And in several of the colleges, no medical trustee had ever been appointed. Physicians, elevated to the chair of state, *ex officio*, alone formed the exception of medical men in this connection.

It would seem, from these indications, that the attention, the self respect, and the *esprit du corps* of our body have begun to be aroused. The time is approaching when medical men will examine and decide the question whether they are to be treated by the members of a cognate liberal profession as their equals in virtue, intelligence, and aim; whether there shall be that mutual support of callings, neither of which surely, in these latter days of reforms and innovations, can be in imminent danger of being injured by too profuse demonstrations of general respect and consideration.

Which party, in the present antagonistic position, is responsible for the earliest aggression it is not needful to decide, nor which party can least afford this internecine war against each other's standing and interest. Our medical brethren in the interior, who have long borne in silence the officious interference of the clergy in determing a professional preference "amongst their people," in injudicious ministrations in the sick chamber, irrespective of the judgment or wishes of the physician attending, and in partisan efforts towards introducing "a member of our society," into circles of practice already overcrowded, can determine this question.

In the same category with the want of respect for the medical body, and doubtless dependent on the same state of feelings, is the curious propensity on the part of the clergy. always manifested, to patronize, recommend, and puff all kinds of empirical measures and men. Dr. Holmes, in his amusing "Delusions of Homœopathy," gives many grotesque illustrations of this singular proclivity of ministers to run after wild humbugs and ridiculous cure-alls, as far back as Perkin's Tractors, certified to by half the reverends of New England, who were seduced by the gift of a half cent's worth of brass and pewter; and the same spirit is continued down to this morning's papers, in which the Rev. Mr. Williamson and the Rev. Mr. Drew certify to some asthmatic elixir, under their own sign manual! It is well understood that the venders of

quack medicines are ready to give an extra price for a certificate from a reverend, especially if it closes with a due quantity of devout expressions o fgratitude, equally distributable to the Author of Good and the inventor of the patent medicine!

Now why do the clergy figure so prominently in the annals of quackery, even of the grossest kind? Is it because they would willingly see the educated practitioner driven into the pursuits of trade and agriculture? Or is it, that being a class of men peculiarly ignorant of the world and its ways, they are more easily misled and gammoned? Or is it because, having been taught at college a smattering of the *ologies*, they have the vanity to presume that they can make a short cut, "a royal road," to what proves so long, so arduous, so uncertain a goal, as the educated physician acknowledges his ultimatum to be, after life-long struggles and honest devotion to the truth.

The prominent defect of men, like the clergy, who have none, or only an elementary smattering in the science of medicine is this—that they insist on making a full, glorious, growing summer, of a single, solitary swallow, which they have seen, or *think they have seen*, or, at least, heard of; they ase unable to comprehend that a *post hoc* is not necessarily a *propter hoc*, that a *sequence* may not be a *consequence* —or, to use the well-known English saying respecting that class of logicians who couple things together as *cause and effect* simply because they happen about the same date, they always regard Tenterden steeple to be the undoubted cause of Godwin sands! If, perchance, they should see a patient recover after a "great medicine" of the Pottawatamies had performed his filthy orgies over him, they would never have the intrusion of one doubt that the miraculous cure resulted from the "means being blessed."

These shallow logicians never dream that the natural, spontaneous termination of nineteen-twentieths of all sickness is in recovery, and not death—that, whether treated or mal-treated, or left to the resources of the constitution, the patient may be expected to live; how much unnecessary suffering, delay and permanent mischief to the sufferer, from the omission of proper, or the administration of noxious means, being entirely a different question. When a person who is more or less sick, makes an escape, after any of the varieties of empiricism, with his life, these sagacious philosophers are ready to throw up their caps and

cry *Eureka!* Many a parson who finds his child get well, somewhere about the epoch when some new quackery has been applied, goes cackling about the parish, as if the philosopher's stone had been discovered. His intelligent parishioners—finding their pastor adopting that motto so universal, as well to deserve to be emblazoned as part of the clerical arms, "*credo quia impossibile est*"—begin to ask the question whether he builds his faith in the doctrines and truths of religion, which they pay him for teaching to themselves and their families, on the same psychological processes, as those in which he hangs his medical belief. The natural conclusion is, that a man who is ready to hazard the lives of his household on practices and practitioners, in respect to whose value or safety he has less evidence than a prudent man would require of the itinerant tinker who presents himself to mend the brass kettle, is not a safe guide in matters either temporal or spiritual. Is this any explanation of the recent fact, that more than one of the clergymen of this city, who a few years since identified themselves with the now all but defunct vagaries of Hahneman, have had leave to retire to other "fields" *on account of health;* or is it that the same want of good common sense, which embracing this humbug would indicate, is merely an "*ex pede Herculum*" proof of enormous weakness and gullibility in other points of their intellectual constitution?

This train of thought has been suggested by reading an article in the last Christian Examiner, presumptively the production of some member of the clerical or pedagogic profession, on the water cure, as it is called. This guess is hazarded under no knowledge of its paternity, but for the reason that there is a solemn owlishness in its *ex cathedra* annunciation of common places about pathology—a smattering of medical ideas, such as could only be obtained from some school-girl's compend of "Physiology made Easy," or "The House I Live in"—mixed with eulogistic, self-complacent commendations, common in circulars and advertisements of "Water-cure Establishments."

Of course we have no idea of attempting a formal argument in reply to such an article, from such a source, and in such a vehicle. Nothing is more absurd than the attempt to argue down a delusion, even with an antagonist whose preliminary acquaintance with the subject matter renders it practicable to adapt reasoning to his compre-

hension. The endeavor to reason on a topic of medicine with a writer like this—one who manifestly is not guilty of claiming the elementary rudiments, the very A B C of acquaintance—would be as ridiculous as it would be to labor with brother Himes, or Silas Lamson, on the intricacies of exegesis, or the philological refinements of the Coptic or Sanscrit dialects with the pious end of convincing them that they are utterly ignorant of interpretation and prophecy. It would in either case be very easy to furnish the conclusive proofs, but to furnish the recipient understanding, *hic labor, hoc opus est!*

Some of the ridiculous points of this aquatic evangely —its analogies to various other forms of moonshine and fraud—might perhaps be made available to some innocents of both genders, who have not read enough in the earliest books of medicine to be able to comprehend the absurdities of them in a medical point of view.

Sir Gilbert Blane long ago made the remark, doubtless verified in every intelligent person's observation, that whenever a professed curer of disease, regular or empiric, undertook to set up the claim that he lost very few or no patients, it may be safely affirmed that either he was trusted with no serious cases, or would be found to lie—under a great mistake. Our cold water lacquey, who pretends to give the returns of one of these aquatic caravanseras, will find that his vaunted success is "decidedly and individually" surpassed by the "semi-occasional" announcements of Dr. Peters, Dr. Dow, and other worthies, whose cures are made "without absence from business and with no mercury," in the daily "penny medical journals." These "bastard and unlineal sons" of "Slapslapius," in their pathetic Jeremiads to the afflicted "to beware of the advertising quack across the street," report more thousands cured without being killed, than there are hundreds under the "cautious and intelligent *practitioner*" [*!!*] whose glories he celebrates, and whose veritable history and claims to confidence are foreshadowed in an official certificate of an association of his contrymen at Philadelphia, published in this Journal some months since.

Our friend Aquarius—for so bright a constellation of medical science deserves no less a personification—has apparently got hold of some crude ideas of the ancient humoral pathology, and gravely announces the theory of the water cure to consist in washing out a goodly portion

of the patient, and making him over anew. Hercules, when he turned the river through the Augean stable, was the first water-cure practitioner.

Hamlet's grave-digger had only discovered, by his professional experience, that "water is a sore destroyer of your whoreson dead bodies." These modern comicalities have carried their prototype's observation still farther, and find that its virtues in decomposing the living carcass are no less wonderful. A man is washed out and made over, our learned author avers, more in six weeks under the water-cure, than in three years of the old and natural way! "It is a remarkable, but perfectly-well-authenticated fact," he says, "that drugs which have lain dormant in the system sometimes *for years*, make their appearance, clearly perceptible to the senses, and are expelled from the body during these cures." A most remarkable fact truly! the only parallel to which in history, as far as we have read, is the remarkable congelation of sound in the trumpet of a celebrated *German* practitioner—Mein Herr Baron v. Munchausen—which being subjected to the sweating processes, resulting from setting it up in the chimney corner, gave forth most melodious music; charges, marches, retreats, and triumphal blasts, were *made over* in the best conceivable style!*

Any intelligent reader of the Christian Examiner, who would see how insignificant a part these humoral notions play in modern pathology, can consult the work of Chapman on Therapeutics, or the notes by Dr. Beck to Murray's Materia Medica for the other side, or any other respectable treatise in any regular physician's library. After so doing, he will arrive at the conclusion that any

* A friend at our elbow suggests that the notion of drugs working out through the skin after long *remora* in the system, was deduced in this vicinity from the case of the Rev. Mr. J———, once a respectable minister but who abandoned himself to drink and opium eating. He was induced, by some of the cold water sages, to try the effect of their panacea. When he was under a full head of the sweating and steaming process, sure enough the pent up vapors gave forth a most unsavory odor of laudanum! With their usual cautious generalization, and the modest self reliance which always marks the inductive philosopher, the old women of both sexes who watched the phenomena, at once held up their hands in amazement at the miraculous fact—more wonderful than the liquefaction of the blood of St. Januarius—that the long locked up poison was compelled to desert its victim! Poor J———! the reform was of short duration. The Lunatic Hospital at Worcester soon received him, and the amusing explanation came out, that a small vial of the precious tincture, which he had concealed about his person to comfort him in passing through Jordan—for his dread of the element had long been perfectly *hydrophobic*—had been accidentally fractured, and its perfume thus shed abroad!

"You may break, you may ruin the vase if you will,
But the scent of the roses will hang round it still!"

brain which can accept of the crudities of hydropathy, must have fully partaken of the watery imbibitions and replacements of its owner.

Were this miserable cold-water humbug—this poor quackery of using water "as his stimulant, his tonic, his purgative, his counter-irritant, &c.," applied as the seventh son or other empirics apply their panaceas to the worn-out nervous, hypochondriacal, hysterical cases, ever in search of something new, or were it like homœopathy or Broussaism, only guilty of murder by omission, its responsibility would be comparatively trifling. The fatal effects of the use of cold water in acute visceral inflammations, and indeed in serious diseases generally, are not passing without note and record by the profession; but as in Thomsonism, the aggregate of terrible results may sometime be presented to the utter confusion of pretenders, if they have shame or conscience left. The profession have found, long since, that these delusions die quickest, if let alone—which has prevented the publication of certain cases of hydropathic homicide, cruel enough to make the ears of those who hear tingle.

Were only the enervated, exhausted, transcendental victims of excesses and indolence, prostrated by pernicious personal practices, the only subjects sent to these cold water seminaries, no great harm might result. Whether the treatment of these cases of *goneness* (as they are denominated by a celebrated panaceist) is "Dr. Banning's Lace," the cold water cure, or "Brandreth's Constitution Pills," is "much of a muchness." There must be a certain portion of the community, who have a natural tendency to quackery; it always has been so and will, no doubt always continue to be so. It fortunately happens that this class is ever much smaller than it seems to be. Watch the sisters, male and female, who now spend their time in running after this hydropathic mummery. Last year they were equally full of transcendentalism, the year before of homœopathy, the years before of animal magnetism, Grahamism, phrenology. Next year they will be Fourierites communists, George Sandists, &c. The farce will be the same, only the performers will, like Othello, be a little more "declined into the vale of years"—*anglice*, old maidendom. Like the supernumeraries of a strolling theatre, who first appear as a procession of holy monks, next march as a band of Roman soldiers, then as a chorus of Alpine pea-

sants, until the youthful spectator is lost in amazement at the legion who are hired for his entertainment, when an unlucky pair of bowlegs, or a portentous Bardolphian nasal promontory, lets the cat out of the bag. He finds, and is a little provoked to find that all the varieties he has seen are only the same performers, doubling their parts, and coming round again after a due circulation, like the moving figures, which walk out on one side of the face of a Dutch clock, when it chimes, and in at the other.

One word before we part, to our friends of the Christian Examiner—a most respectable periodical of its kind, well supported by medical as well as by other educated gentlemen. They must be intelligent enough to realize that the breach between the educated professions of medicine and theology is wide enough already, without any effort on the part of either to make the estrangement more complete. Suppose, to illustrate the feelings with which a regular physician may be supposed to cast his eye over the pages now under remark—that an educated clergymen should take up a number of this Medical Journal, and find a labored attempt to show by such plausible pretences and specious assertions, as may easily be applied to any topic whether true or absurd, that the researches of all divines, philologists, and scholars, heretofore, have been superseded by the mesmeric revelations of "Andrew Jackson Davis, the Poughkeepsie seer;" that the life-long labors of Channing, Ware, Norton, and all the galaxy of good and great men they have habituated themselves to reverence, as the guides of their lives, have been eclipsed and rendered nugatory, by the discoveries and new interpretations, "right out of their own heads," of Ascension Miller, Brother Lamson, or Elder Knapp; that the theology of Cambridge, Andover, and Princeton is all rank nonsense since the revelations in Joe Smith's "golden plates of Mormon." He would not more quickly pitch these pages behind his backlog with loathing and disgust, than would the physician, when he sees the sages of his profession, dead and living, *overlawed* and rejected in favor of the poor vagaries of an ignorant German peasant, and the humbugs of Mr. Gully (whose name is of no inapt significancy), or any other of the more educated but less sagacious, apostles of this aquatic gospel.

We would venture to remind your theological confreres, Mr. Editor, of the old and homely adage, *ne sutor*, &c.

They may take it for granted, that it is neither their "mission" or vocation—still less those of their hydrostatic correspondent, *tantas componere lites*, as must always, it is hoped, exist between the science of medicine, and the humbuggery of panaceas—between the regular physician and the empirical pretender. They should also not forget, that there are various little theological differences still pending commencing with the relations of Adam's original transgression, and continued uninterruptedly down to Dr. Bushnell's sermon before the divinity class of the University, last Sunday night. Better elaborate and discuss these topics, on which they have some education and knowledge before proceeding to those in regard to which it is no discredit to any clerical gentleman or schoolmaster to say that he knows nothing.

When all the controversies of sects are settled, then they will be excusable if they venture on the quixotic errand of aiding and relieving the distressed sisters, male and female, who are ever so anxious that people should be born and die in some approved method which can be learned without toil. Our respectful counsel, then, to our brethren of the Christian Examiner would be, to stick close to their christian labors and investigations, leaving medicine to its legitimate organs, and cold water to the engines, which will, no doubt continue a short time longer to pump forth

"Their weak, everlasting, washy flood."

Cold water, hot water, ice water, yea steam of water, are all very good, useful and comfortable appliances, directed by wise and experienced heads, and assisted by proper therapeutic and dietetic means; but that cold water can be a panacea—a cure-all for all diseases, like Brandreth's pills and Gordak's drops——can only be expected when Yankee ingenuity shall have invented that augur which shall bore a square, a round, or triangular hole, at will.

In taking our leave of the writer of this "first-rate notice" of one of the many cold-water hotels with which our vicinity is becoming *inundated*—soon, we doubt not, to be left high and dry, by that tidal reflux incident to shallow flats, and to expose a mass of corruption to the noon-day sun of common sense and judgment—we would commend to his consideration the texts of St. Paul and Solomon (his

reading may perhaps recall to him the author and the phraseology), about "being wise in one's own conceit" and attending to one's own business. We hope we have done the honorable profession of the clergy no wrong in presuming the writer to belong to it, or to be a "schoolmaster abroad"—very far off from home indeed. We opine the latter to be his vocation, from the peculiarly self-satisfied, dogmatic air which men accustomed to throw out their opinions before children, without hazard of reputation, naturally assume. If, on the other hand, he is a clergyman, it is most probably of some of the new fangled transcendental varieties. His hortations about the religious and moral duty of swallowing down this kind of wet-sheet baptism, are announced in that tone of holy snuffling, with which the devout Musselman peddles his wares, in the streets of Constantinople; "In the name of the prophet—*figs!*" His mixture of quackery and cant reminds us strongly of the directions in the envelope of a bottle of "Dr. ———'s acoustic oil for the certain cure of deafness" viz., to use the oil daily, to abstain from labor on the Sabbath, and bath the privates in cold water! In some of our amphibious prophet's school books, if that be the respectable vocation from which he has stepped aside for less respectable labor, he will find some verses, the hydraulic imagery of which we may commend to his fructification, ending thus—

> "*Drink deep*, or taste not, the Pierian spring,
> For *shallow draughts* intoxicate the brain,
> But *drinking largely* sobers us again."

ARTICLE II.

On Chronic Amygdalitis and the treatment of Indurated Tonsils. By Dr. J. NAUDIN.

The tonsils, by their situation, are often exposed to attacks of inflammation, which, after repeated occurrence, not unfrequently passes into a chronic state of induration. The disease is generally non-malignant, and affects both tonsils; carcinomatous induration being, on the contrary,

much more rare, and affecting usually but one. The seat of this hypertrophy is neither the mucous membrane nor the cellular tissue, though their nutrition may also be altered, but in the glandular substance itself. The cause of the frequent occurrence of hypertrophy of glandular organs is that possessing a supply of arterial blood infinitely greater than is necessary for their nutrition, a large portion of which is destined to supply the material for secretion, any circumstance which produces a suppression of this secretion causes the excess of arterial bloood to become extended in the nutrition of the glandular substance, thereby inducing its hypertrophy and induration. Physicians are generally very neglectful of tonic inflammation of the tonsils, too often allowing the case to run on, and finally putting it into the hands of the surgeon for excision. The means, if any, employed with the view of reducing the tumors, are generally insufficient; and our author, instead of blisters, astringent gargles, iodine &c., substitutes gentle cauterization as employed in tonic inflammation of other organs. Instead of producing a slow progressive destruction of the tonsils, he aims at their preservation, and for this purpose employs a solution of nitrate of silver, three grains to one ounce of water, increasing the strength by three grains up to two ounces of the nitrate in the same quantity of water, and also applying the solid caustic to the surface of those hollows which usually exist in those tonsils, so that all parts may be equally affected. During one sitting the tonsils are painted twice or thrice; the mouth is then well washed with water.

This cauterization must be repeated every two or three weeks until the tonsils are restored to their normal size, and then gradually discontinued; it produces no ill consequences, and even children speedily return to their play.

Should the parts become accustomed to the caustic, it must either be discontinued for a time, or another substituted as Lugol's diluted solution of iodine. In two cases related by our author, nitrate alone was employed. Both, æt. 13 and 14, had been affected for years and were cured in two and a half to three months; in a third case, that of a girl, æt. 11, the disease ws extensive and obstinate, requiring four months' use of the caustic, besides the use of hyd. potass. and iodine internally and as ointment. In all these cases no return hss been observed after the lapse of years and the previous disposion to inflammation of the tonsils has been extingushed.—*Journ. de Toulouse* in Rank.'s Ab.

ARTICLE III.

Spermatic Discharges: their Effects and Treatment. By Benjamin Phillips, Esq., F.R.S.

I have no means of knowing Lallemand's experience at the time he concluded his work; but the cases contained in his treatise amount to 115. My own experience very much exceeds that: I have been consulted in nearly 700 cases. I have memoranda of 623. He gives the particulars of 115 cases of involuntary discharges; of these it is said, 20 were the result of gonorrhœa, 10 of skin diseases, 13 of rectum complaints, 14 of masturbation, 21 of venereal excesses, 21 of various congenital defects of the genital organs. Of these cases he seems to have cured about 90, and to have failed apparently in 8 or 9 cases. He seems to have cured 55 mainly by the use of lunar caustic. He appears to have cured 34 by other means, caustic having failed, or it was not used.

Of the 623 cases (in Mr. Phillips' experience) only 33 had sustained any evil influence than that which was fairly attributable to great mental depression, and that depression was commonly the result, not of the extent of the discharge, but of the anticipated consequences of its continuance—those anticipations being, in most cases, derived from the perusal of such books as are usually circulated on the subject. Of the 623 cases 581 were under 25 years of age, a pretty conclusive proof that time and accident do much to bring these cases to a favorable termination or to death; and I have no reason to think that many of these cases end in the destruction of life. In 530 instances the patient had either never indulged in sexual intercourse, or he had more or less completely abandoned it, generally from inability to continue it. In a large number of instances, masturbation was admitted; in many cases it did not seem to have been carried to any considerable extent; in a majority of cases, it was said that the practice had been discontinued for months, or even years, before the existence of the present complaint. In 597 cases the discharges did not occur more frequently than twice a week. In a great majority of cases, they only happened at night, during dreams, and the patient was conscious of their occurrence. In 27 cases, discharges

were now and then observed to occur, during the straining at stool, and in some instances, after the passage of urine; and in these cases I have observed that the mental depression is much greater than in others, because quacks paint the consequences of such discharges in much gloomier colors than those which are accompanied by orgasm. In 16 only of my cases had the patient ever suffered from gonorrhœa, in only one instance could I make out any connection between any skin disease and the discharges. In only one instance could I satisfy myself that the discharges were kept up by irritation excited in the rectum by ascarides. In only four instances could they be referred to venereal excesses.

It will be understood, then, that in my experience the so-called involuntary discharges have not been attended with such disastrous results as in that of Lallemand. When I have witnessed these injurious results, I have been convinced that the discharges have usually been voluntary, that they have been more or less completely owing to masturbation, which the patient continued to practise. These I have found the most difficult to manage, for neither lunar caustic nor moral reflections will master the habit here, although all such cases in Lallemand's practice yielded to nitrate of silver. The most certain remedy appears to me to be sexual intercourse. I constantly tell patients that if the habit of masturbation be continued, they had better not submit to treatment, for it will be of no avail.

I have not observed either the almost certain good effects or the after-trouble to which Lallemand alludes when speaking of the application of lunar caustic; at the same time I have no doubt that the remedy is a valuable one.

It is singular how uniform is the description of symptoms given by patients in these cases. There are few who do not complain of loss of strength, loss of memory, and confusion of mind; there are many who complain of pains in the loins and palpitation of the heart; but in a very few cases are these complaints not more imaginary than real. The alleged loss of strength rarely interferes with the ability to perform ordinary duties. The loss of memory is real enough, but it is simply that the pre-occupation is so complete that nothing but the circumstance of the malady makes any impression on the mind; and the palpitation of the heart, unless under nervous excitement, is by no means of common occurrence.

My own experience has convinced me that the only certain means of relief in most cases is to be found in moderate sexual intercouse; it usually puts an end to masturbation, and the activity of the organs is most certainly mitigated by these means. I always feel a difficulty in recommending the remedy, because I cannot reconcile it to my conscience to advise a course of profligacy; and therefore I advise patients to mary, but, as may be supposed, a very common answer is, that it is inconvenient. It is never prudent, where a man alleges that his sexual energy is lost, to advise experimental conection, because, with the misgivings in his mind, he will most certainly fail and we shall in this way only add to his distress. If it be tried at all, some permanent connection should be formed, and he should be prepared to expect many failures, but a single success occurs, and the phantom which haunted his mind is at once dissipated.

In most of the cases, however, which have come in my way, sexual connection has not been attempted, and, either from fancied inability to accomplish it, or from an objection on other grounds, it will not be attempted. These cases are difficult to manage, and in all probability the discharge will persist in spite of all that may be done; and all that remains for us is to endeavor to convince the patient that when they do not occur oftener than twice a week years may pass without any weakening influence on the constitution being exerted by them. Even when all evil habits have ceased, that is to say, when masturbation is no longer practised, and lascivious images are carefully and completely excluded from the mind, these discharges will often persist for an indefinite time, apparently by virtue of the activity which has been set up in the organs, and which is long maintained by habit.

There is yet another class of patients who, although they suffer occasionally from involuntary discharges, complain principally of the too rapid ejaculation which occurs when conection is attempted, happening often before complete erection takes place. For the most part I have found such persons to posses very excitable temperaments, and they make these attempts unfrequently, although a species of sexual excitement is kept up. Again, in these cases the remedy is to be found in a regular and not too frequent relief to tension which is maintained in these organs. I have rarely known a case where such a plan has been

faithfully followed without complete relief; but I have, in such cases, occasionally observed the good effects of cauterization, which, in them, seems to act by lessening irritability.

Respectable practitioners often do harm by exciting hopes of amendment or cure from the employment of tonics or stimulants, such as various preparations of iron and cantharides; they are very rarely of any use, and after persisting in such means, often for months, the patient is doomed to disappointment and increased despondency. The truth is, it is not debility which we have to do with, in most of these cases, but an increased activity of the secreting organs, and relief is most certainly obtained by periodically relieving the seminal vesicles from the distension to which they are subject.

The cases which are improved by local applications, whether of lunar caustic or any less energetic agent, are a small minority. In the early part of my experience, and following in the train of Lallemand, I applied lunar caustic to the urethra in most cases, and in many with seeming benefit to the patient; in some with complete relief to the symptoms, but in others the discharges continued unchanged.

The rule upon which I then acted I now follow; that is to say, I do not usually employ lunar caustic when there is no other indication of morbid action than is furnished by the occurrence of these discharges. Where there are increased sensibility, and chronic discharges, I often apply caustic upon the portion of the canal which appears to be the seat of morbid action, and often with great success. Where there is contraction of the canal of the uretha, I endeavor to overcome it by the use of dilating bodies; and when the discharges are kept up (which is in my experience very unfrequently the case) by such contractions, relief is sometimes obtained. But there are cases in which I have applied the lunar caustic, although there was no reason to believe in the existence of any morbid action on the mucous surface of the uretha. The truth is, that many persons present themselves under profound despondency. Many means have been employed and have failed; it is soon evident that they are not content to take advice only, but they are extremely anxious to have something done; and I have on many occasions applied caustic, because the patient had great faith in it, and would not be satisfied unless it were employed. In such cases I have first endeavored to

dissipate from the patient's mind the fears by which he was beset. I have applied the remedy, and recommended the patient not to expect any very decided relief for two or three months. I have had no hesitation in applying caustic under such circumstances, because, with all my experience of it, I have never known any mischief to follow its use, except in two instances, where there was retention of urine in the evening of the day.

Whenever I apply caustic, I seek to determine a discharge which persists for twenty-four or forty-eight hours; if that effect is not produced, the full effect of the remedy is not obtained. If there be reason to think that a chronic discharge is kept up by inflammation or by strictures, and that the spermatic discharges are dependent thereupon, they must be got rid of before we can hope that the spermatic trouble will cease; and even when they are got rid of, habit may cause it to persist almost indefinitely.—*London Medical Gazette.*

ARTICLE IV.

Case of unavoidable Hemorrhage—Successful Operation of Transfusion. By Dr. WALLER.

The following interesting case occurred in the practice of Mr. Greaves. Hemorrhage appeared to an alarming extent in the eighth month. The patient appearing in a desperate state, Dr. Waller's assistance was requested. He found her in a very unpromising state, with a completely blanched countenance, pale and livid lips, cold extremities, laborious respiration, and a pulse scarcely perceptible; the general surface of the body was also cold. In short, every thing indicated approaching dissolution. Stimulants had been freely given, but they failed to excite even a temporary rally. The vagina was filled with coagula; and, as the hemorrhage appeared to haveceased, he did not thinkit expedient to disturb the clots in attempting delivery. Stimulants were again had recourse to, but with no better effect. The symptoms of exhaustion increased, and nothing but transfu-

sion seemed, under these circumstances, to hold out the slightest chance of relief. Mr. Greaves concurring in this opinion, preparation was made for its performance. The first intention was to have laid bare the vein, and to have had all things in readiness, then to have delivered, and, provided there had been no improvement in the condition of the patient, to have transfused immediately afterwards. A little reflection convinced the operators that this plan would be fraught with danger; for, had syncope occurred, in all probability it would have been fatal. The operation was, therefore, at once commenced. When about five ounces of blood had been introduced, the amendment was evident; the pulse was more perceptible, and the countenance assumed a somewhat better aspect. The blood now flowed very sluggishly from the arm of the female who supplied it; it was, therefore, determined to wait awhile and watch the effects, nourishment and stimuli being administered occasionally. The rally continued for about two hours and a half, when the female again began to sink, and jactitation supervened; gruel, with brandy, was given without any benefit; the pulse again was just but perceptible, and the body getting cold. Dr. Waller again injected about four ounces of blood from the same individual who had previously supplied it; but this time the symptoms did not improve. The stream issuing from the punctured arm was so languid that it was not thought right to proceed, and a fresh subject was sought to furnish them with a better supply. The husband of the patient, being in the room, came forward to their aid; he looked rather pale, and, therefore, they gave him a glass of hot spirits and water, and then opened a vein, from which the blood flowed in an impetuous stream. The first injection of about two ounces produced a marked alteration in the pulse; it became decidedly perceptible. When nine ounces had been injected, the countenance was much improved; there was even a slight appearance of color in the cheeks, and pain in the arm was complained of. Four ounces more were introduced, when all symptoms of immediate danger vanished. There was no faintness afterwards; the surface was warm; the pulse steady, about 100 in the minute; jactitation ceased; and nourishment was retained on the stomach. The only complaint was of excessive fatigue, with an inclination for sleep; there were also a few "grinding pains." Dr. Waller visited her again in about an hour and a half. She had

been dozing, and was extremely tranquil; reaction was perfect, and there was no hemorrhage, no tumult in the circulation He now left the case in the hands of Mr. Greaves, who afterwards informed him that, after a sleep of some hours, the pain increased, and he felt a portion of detached placenta in the vagina; this was expelled by the natural efforts. A dead child soon followed, the remainder of the placenta coming away an hour afterwards, without hemorrhage. The mother recovered.

[The failure of the second injection from the original person to rouse the patient when the "stream issuing from the punctured arm was languid," and the instantaneous success derived from the freely flowing blood from the husband's arm, are suggestive of valuable propositions, which should not be lost sight of in practice.]

ARTICLE V.

Spontaneous Human Combustion.

The "Gazette Médicale" quotes from the "Union Médicale" the following case of alleged spontaneous combustion. On the morning of the 6th of January, 1847, the body of a man named Ch—— was found on fire in bed. A dense smoke filled the room. One who was present affirmed that he saw on the body of the deceased, a small, lambent, whitish flame. All the bedclothes and clothes of the deceased were almost entirely destroyed. The bedstead was only partly burnt; there were no ashes, and very little vegetable charcoal, but some portions of animal charcoal having evidently belonged to the articulations. The other materials surrounding the body were scorched. It is said that M. C—— carried in his waistcoat pocket some chemical matches, and in the evening he had, as usual, placed at his feet a heated brick, which, before being wrapped in linen, had been slowly cooled by water thrown over it twice. He went to his room between six and seven o'clock in the evening. Two hours later, his son and daughter-in-law, passing his door, perceived nothing unusual; and it was not till the next morning, that his grandson found him

in the state which we have described. He was 71 years of age, and was neither very fat, nor given to drunkenness. The weather had been very cold for some time, but there were no signs of an excess of atmospheric electricity. The body was found in its usual position during sleep. His son and daughter were suspected of having first murdered him, and then burnt the body, in order to conceal all traces of the crime. Dr. Masson, who was ordered by the authorities to make the necessary examination, had the body exhumed. The coffin was found half filled. The body was folded in a white shroud. A cravat, nearly destroyed by the fire, and a fragment of a shirt collar, remained round the neck. The hands, burnt to a cinder, were attached to the forearm merely by some carbonized tendons, which gave way at the least touch. Lastly, the thighs were so completely separated, that, had it not been for fragments of animal charcoal, the separation might have been attributed to a knife.

From the examination of these facts, it was concluded that, as it was impossible to attribute the phenomena to the action of the combustibles with which the body had been in contact, they must be ascribed to a cause inherent in the individual, put in action, perhaps, by the heat of the brick applied to the feet, but which must have found fuel in the tissnes which it destroyed; that, in a word, it must be classed among cases of spontaneous combustion. This opinion of M. Easson being fully confirmed by that of M. Orfila, the accused were acquitted.—*Ranking's Abs.*

ARTICLE VI.—*On the Diagnostic Value of Tears in Infantile Diseases.* By M. TROUSSEAU.

The author states as a general rule, that when the infant sheds tears it is not dangerously ill; and, on the contrary, the absence of weeping indicates a severe disease. He regards this to be so true as to deserve to be considered as an aphorism. He does not deny, however, that there may be exceptions.—*Gazette des Hopitaux*, and *Revue Med.-Chirurg.*, Jan. 1848.

ARTICLE VII.—*Foreign Bodies in the Stomach.*

M. Gaide reported to the Medico-Practical Society of Paris, the case of a young man who had gotten a fish-bone in his throat, and who in attempting to remove it with a fork, this latter slipped into the pharynx. Consulting an officer of health, he, instead of removing the fork, advised some sweet oil to the throat. In short, the patient swallowed the fork, which still remains in his stomach. His health has not suffered much, he only felt slight pain each day at the period of digestion. M. G. mentions another case in which he made a post-mortem examinationof a patient who had often told him he had swallowed a fork ten years before his death. He found, in fact, the fork in his stomach, which was placed longitudinally to its great curvature, the four prongs being enveloped and fixed in voluminous fleshy projections. In connection with this subject, the American reader must be told that the forks of France are made of silver and are four-pronged.—*Southern Med. and Surg. Jour.*

ARTICLE VIII.—*Twins born after an interval of two months: they live.* Translated from the Journ. des Con. Medico-Chirurg.

Dr. Wilberg reports a young lady, married ten months, who after eight months pregnancy was delivered of an infant on the 24th of March, which lived, but had not attained its full uterine development. The accouchment was laborious; the placenta was discharged spontaneously but the mother had no nourishment for the child. She thought she felt movements of another child, and the abdomen increased in size. The 20th of May she was again taken in labor, and gave birth to a child more robust and heavier than the first one. Three days after this she was enabled to nurse both her children.—*South. Med. Journ.*

ARTICLE IX.

On Fever. By JAMES COPLAND M.D. F.R.S., &c., &c.

[A very interesting question arises in the study of fever, as to the manner in which the blood and the various organs become affected. Is the morbific influence conveyed to the secreting and other organs by means of the blood or of the organic nervous system, or by mere continuity and contiguity of surface and structure? And is the blood itself affected by the direct contact of a poison, or by nervous influence, or by failure of excreting processes? Dr. Copland shall answer. He observes,]

It would be interesting to trace the manner in which the different systems of the frame become affected during the progress of various fevers. There is a certain class, for instance, that has been called periodic fevers; others, typhoid fevers; and others pestilential or malignant fevers. Fevers have been variously classed; indeed they admit of a variety of classifications. With respect to periodic fevers, or those that arise from malaria, it may be remarked, that the morbid influence producing them seems to implicate especially the organic nervous system. There are various reasons for believing that this system is primarily affected, and that the fluids and abdominal viscera become more or less disordered secondarily. These reasons appear to be, first, the long period of incubation in many of the periodic fevers. Intermittent fever may not appear until many weeks after the individual has been exposed to malaria, and then the paroxysms occur at intervals. We know that morbid conditions affecting nervous parts, usually assume a periodic character. If it were the blood which is affected in these cases, we might infer that that state of the blood which existed during the paroxysm would most likely continue without intermission until removed: and that, instead of an interval, when comparitively little disorder is felt, the disease would be continued; for we observe that, in proportion as the blood becomes affected in fever, so does the disease assume a more and more continued type. There are various lesions prominently affecting particular organs, and which give fevers variety of character: thus we have gastric fever, billious fever, and so on.

If we proceed to the consideration of the worst forms of fever, for instance, typhus, or pestilential fever, not only is

the nervous system affected—the organic nervous system being probably the first to be impressed with the cause of the disease—but also the blood itself soon becomes more or less disordered—becomes physically changed.

Now the question is, whether this change produced so early in the blood in typhoid and pestilential fevers, arises primarily from the absorption of the cause into the blood, or whether it arises from the morbid impression made on the organic nervous system, owing to which impression the excreting or depurating functions, which are under the influence of this system, are impaired or arrested, and the circulating vessels become affected, and ultimately changed? I may point out to you how copiously the vascular system is supplied by the organic or ganglial system; and hence we may expect, *a priori*, that causes affecting this system will, to a co-ordinate extent, affect the vascular system and the fluids in the vessels. We find that, in the progress of fevers, the blood becomes changed; and the change may arise partly from the impression made by the emanations causing the fever, upon the organic nervous system, and partly from the absorption of the emanation—of the morbid poison—into the circulating mass. I believe that the morbid effluvium, being received into the lungs with the air, injuriously affects the organic nervous system supplying these organs: hence the blood in the lungs is not sufficiently changed. Possibly partial absorption of this effluvium may take place into the blood itself; but if it does not, there is a still stronger reason to infer that the morbid impression extends throughout the organic nervous system, impairing the influence of it upon the vascular system, and in the secreting and excreting viscera. The organic nervous power being depressed, it naturally follows that the organs supplied by this system will be impaired in function; and hence we find that, in the first days, or within the first twenty-four hours of fever, the functions of the excreting organs are very remarkably diminished, or even suppressed; and the consequence is, that the blood, which may have been hitherto unaffected, becomes changed; or, if it have been already affected by the cause of the disease, or by the impression of the ganglial system, becomes still further changed. Thus the one change reacts on the other, and promotes it, until at last the changes in the organic or vital nervous influence, and in the vascular system and circulating fluids, become so great, that the blood is not only al-

tered sensibly as it respects both its physical characters and its chemical qualities, but the tissues and organs themselves become more and more disorganized, or evince a remarkable loss of their natural vital cohesion, especially in distempers of a malignant character.—*Med. Gazette* in Braith's Ret.

ARTICLE X.

Scurvy. By Dr. A. B. Garrod, Assistant Physician to University College Hospital, London.

[It seems to have been fully proved that whatever circumstances may influenc the production of scurvy, its immediate cause is to be sought for in the nature of the food; in the absence or deficiency of one or other of its *organic* or *inorganic* constituents. Dr. Garrod points out many objections to the opinion that a deficiency of any of the *organic* constituents of the food produces scurvy; and states that from minute researches into the composition of scorbutic articles of diet, and into the state of the blood in scorbutic patients, he has been led to the following conclusions:]

1st. That in all scorbutic diets, *Potash* exists in much smaller quantities than in those which are capable of maintaining health. 2d. That all substances proved to act as anti scorbutics contain a large amount of *Potash*. 3d. That in scurvy the blood is deficient in *Potash*, and the amount of that substance thrown out by the kidneys less than that which occurs in health. 4th. That scorbutic patients will recover when *Potash* is added to their food, the other constituents remaining as before, both in quantity and quality, and without the use of suculent vegetables or milk. 5th. That the theory which ascribes the cause of scurvy to a deficiency of *Potash* in the food, is also capable of rationally explaining many symptoms of that disease.

[The first proposition is proved by an examination of the dietary of the Credition Union, (*see Prov. Med. and Surg. Jour., June*, 1847). After giving a statement of the amount of potash contained in various articles of food, Dr. Garrod says,]

If we estimate the amount of potash taken by the inmates of this work-house, we shall find the men's food to contain

about 186 grains, and the women's about 181 grains. This amount would be much influenced by the mode in which the potatoes were cooked; if not too much boiled, and with the skins on, they would contain a much larger amount of potash than if boiled without their skins, and much done. Under this diet the inmates remained healthy; but, owing to the scarcity of potatoes, boiled rice in equal weights was substituted, and in a few months the inmates became scorbutic. When the change was made, the weekly amount of potash taken by the men was about 51 grains, and by the women 46 grains, or a reduction of more than two-thirds took place. Rice and potatoes do not differ much in their composition, except in the salt of *potash* contained by the latter. Both contain starch and vegetable albumen. In the weekly diet list for the military prisoners at the Milbank Penitentiary, when they were subject to scurvy (see Dr. Baly's paper in *London Medical Gazette*, Vol. I. 1841-2,) we find the amount of potash taken by each prisoner during the first three months of imprisonment to be about 44 grains; during the second three months, about 50 grains; after six months, about 68 grains. At present, when potatoes are added, the weekly amount of potash is from 210 to 230 grains, and no case of scurvy has arisen since the change.

[Several other confirmatory facts are adduced, and Dr. Garrod proceeds to show that,]

All bodies proved to be anti-scorbutic contain a large amount of potash. All fruits contan this substance in abundance, as oranges, lemons, limes, grapes, gooseberries, &c., and these are all highly anti-scorbutic. Potatoes also, which perhaps are the most valuable as an addition to a dietary for the purpose of preventing scurvy, and owing to the scarcity of which article this disease has been so prevalent within the last two years, contain, as the above analyses prove, a very large amount of potash, and when boiled (not too much, and unpeeled,) still retain most of that ingredient; this also accords with the fact, that potatoes, when cooked in the ordinary way, are anti-scorbutic, and at the same time explains why the hard core of that tuber, which is so much liked by the Irishmen, is most powerful in preventing the occurrence of scurvy.

[Milk and fresh meat, cabbages, onions, turnips, spruce beer, &c., also contain considerable quantities of potash. As to the condition of the blood, Dr. Garrod found that the

blood of a scorbutic contained little more than one-third of the amount of potash that is contained in healthy blood. To come to the practical application of these facts, Dr. Garrod shows that,]

Scorbutic patients, when kept under a diet which gave rise to the disease, recover, when a few grains of Potash are added to their food. In several cases which came under my care, the treatment consisted in the daily administration of a few grains (from 12 to 20,) of some salt of potash, mixed with syrup of water. Sometimes the bitartrate, at other times the acetate, and also the carbonate and phosphate were used. All the salts appeared to act alike, and I have little doubt the chloride of potassium would be found equally efficacious. When the cases were thus treated, all vegetables, milk, and malt liquors were strictly prohibited; and yet the patients rapidly recovered. Other cases were treated by fresh vegetables and milk; these also recovered, but certainly not more quickly than those from whom these substances were withheld, and potash salts substituted. On looking over the works of several writers on scurvy, I have frequently found that some *Potash* salt has been administered with *marked* benefit; thus, nitre has been recommended, nitre dissolved in vinegar, the bitartrate of potash, the oxalate of potassa; but the efficacy has always been ascribed to the acid contained in these substances, and no attention has been paid to the base.

The theory which ascribes the cause of scurvy to a deficiency of Potash in the system, is capable of explaining some of its symptoms. Both soda and potash are constant constituents of the animal body, and it appears that they are not capable of replacing each other; for example, we always find the potash to exist in large quantities in the ash of muscle, soda in very small quantities (Berzelius, Liebig); in the ash of the blood we find the relation reversed. It appears also, that the muscular system requires the presence of potash, and we should therefore expect to find that where there is a deficient supply of this base, the effect would soon be manifested in the functions of that system. This we find to be the case in scurvy; without any amount of wasting of the body, we find marked muscular debility, and this perhaps is one of the earliest symptoms of the disease.

Conclusion. I have ventured to make public this theory of the cause and nature of scurvy sooner than I otherwise, wished both on account of the difficulty of procuring cases of

this disease at the present time, and from the conviction that its being made known to the profession at large would be the most ready mode of having it confirmed or disproved. If true, it will be seen at once that its applications will be of the utmost importance, and the occurrence of scurvy, both at sea and on land, can be most readily prevented, by the introduction of a few grains of some potash salt, as the phosphate, chloride, tartrate, &c., or by these being taken in a separate state. At sea, its application would be invaluable, from the cheapness, stability, and the small space occupied by the remedy, when compared with lime juice; from its being at all times to be procured from the ashes of wood or plants, especially tobacco, which contains it in abundance. If found to be a mere hypothesis, I have this apology to make, that in my mind it accounts better for the occurrence of this disease than any other yet offered; and it will still be an interesting fact, that *Potash* always accompanies the *real* antiscorbutic principle, was found deficient in scorbutic blood, and that several cases of scurvy rapidly recovered under the use of some of its salts, without the administration of any other remedy, dietetical or medicinal.—*Monthly Jour. of Med. Science*, Braith's Ret.

ARTICLE XI.

On the Treatment of Mammary Abscess.

The following is a case of no very unusual occurrence: A mother loses her infant, and broken-hearted at the event, she neglects to pay that attention to herself which her case requires. No attempts being made to relieve the distended breast of its secretion, the gland becomes hard and painful, and at length abscesses form in different situations. if the treatment is confined to the evacuation of matter by puncture, and to the application of fomentations and poultices but little good is done. The former abscesses continue to discharge; fresh ones are constantly forming, and the woman at length sinks in a state of hectic. Means should be used to stop the secretion of milk, which has been going on all this time, and perpetuating the mischief. We have

no bettter means of affecting this than by the administration of a hydragogue purgative. I am usually in the habit of prescribing the sulphate of magnesia in the compound infusion of roses, to which, when there is much hectic and debility, I add some quinine, and dilute sulphuric acid. The effect of this treatment is sometimes almost magical. I have known a woman, who for months had been suffering from a succession of mammary abscess, begin to get well from the moment that the salts produced its liquid evacuations from the bowels; the secretion of milk ceased, and the purulent discharge diminished, a more adhesive inflammation being established in the place of these two actions. *Prov. Med. and Surg. Jour.* Braith's Ret.

ARTICLE XII.—*Stricture of the Vagina.*

Dr. C. D. MEIGS related the particulars of a case of parturition occurring in a female laboring under stricture of the vagina. On the 11th of April, 1845, the patient was delivered of her second child, and soon after was seized of fever, attended with some peculiar symptoms, which were found to result from a retroversion of the uterus that had occurred before the uterus had become entirely reduced to to its normal size and condition after parturition.—During the remainder of 1845, and the whole of the ensuing year, the patient remained in tolerable health; early in 1847, she began to complain of pelvic pain, attended with some discharge from the vagina. She at first declined submitting to an examination to enable Dr. M. to ascertain the condition of the uterus and vagina.—Her symptoms, however, increasing, she permitted finally the examination to be made: the neck of the uterus was found to be in a condition which induced Dr. M. to suppose, at first, that it was carcinomatous, but on resorting to the speculum, he ascertained that the neck of the uterus was the seat of an extensive ulceration, which did not appear to be of a malignant character. The superficies of the ulcer were equal to that of the fingers of one hand; there was considerable thickening of the parts affected, and portions of the surface were removable in the form of scales. As the ulcer healed, a very considerable contraction of the upper portion of the vagina took place, by which its cavity was reduced in diameter to that of an ordinary silver pencil. By the first of

January of the present year, the lady became pregnant, and about the 10th of July labor pains were experienced. In an examination, to determine the condition of the vagina and os uteri, it was with the greatest difficulty Dr. M. succeeded in introducing his index finger through the stricture. Opiates, rest, &c., were resorted to in order to keep off the labor. On the 20th of the month, the patient had very severe pains; the membranes, which were uncommonly tough, were gradually protruded beyond the vagina. All the means calculated to produce a relaxation of the vagina were resorted to; sulphate of morphia was administered by the mouth; the patient was immersed in a warm bath; mucilaginous fluids were injected into the vagina; and the strictured portion freely annointed with an ointment containing extract of belladona. The vagina was finally dilated by the advancing head, and on the morning of the 21st the child was born without instrumental assistance.—*Trans. Col. Physi. Phila.*

ARTICLE XIII—*Coffee as a Disinfecting Agent.* By WEBER.

Coffee is one of the most powerful means not only of rendering animal and vegetable effluvia innocuous, but of actually destroying them. A room in which meat, in an advanced degree of decomposition, had been kept for some time, was instantly deprived of all smell on an open coffee roaster being carried through it, containing a pound of coffee newly roasted. In another room, exposed to the effluvium occasioned by the clearing out of a dung pit, so that sulphuretted hydrogen and ammonia in great quantity could be chemically detected, the stench was completely removed within half a minute on the employment of three ounces of fresh-roasted coffee; whilst the other parts of the house were permanently cleared of the same smell by being traversed with the coffee roaster, although the cleansing of the dung-pit lasted several hours longer. Even the smell of musk and castoreum, which cannot be overpowered by any other substance, is completely dispelled by the fumes of coffee; and the same applies to the odour of assafœtida. It was remarked, however, that, in general, animal effluvia are more readily affected by it than vegetable.

That here an actual neutralization, and not a mere envelopment of matter takes place, is shown from this—that the first fumes of the coffee are imperceptible, and continue

so until a point of saturation, so to speak, is reached, whereupon the obnoxious smell disappears, and that of coffee predominates. The reverse happens with other aromatic vapours, and even with acetic acid and chlorine. Here both co-exist until the one completely preponderates. The simplest form to use it against contagious matter is in powder. The well-dried bean is to be pounded in a morter, and to be strewed over a moderately-heated iron plate, until the powder assumes a dark-brown tint. Caffeic acid, and the empyreumatic coffee-oil, act more readily in minute quantity. *Med. Gaz.* in Braith's Ret.

ARTICLE XIV.

Trial of a Physician for Assault and Battery.

A trial of a novel character has lately taken place in N. H., in which a very respectable physician was the defendant. Trials of medical men for *mal-practice* have not been very uncommon, and have afforded opportunities for unprincipled individuals to attempt to obtain money from those who had used their time and best skill for the relief of the afflicted. The case alluded to is a new mode of harassing the profession; and, it would seem, with exactly not the same object in view—as criminal punishment, instead of pecuniary damages, was the penalty anticipated. The complaint was made by L. C. Delaware and his wife, of South Hampton, N. H., against Dr. J. B. Gale, of Salisbury Mills, Mass.—the charge against the latter being for an assault and battery upon Mrs. D. in March, 1847, upon the occasion of her confinement with her first child. It would seem that this worthy couple, since the alleged assault more than a year ago, have, through the means of certain books which have been freely circulated respecting the impropriety of employing male accoucheurs in midwifery cases, or by some other means, become fully convinced of the gross indelicacy of such a practice, and for the purpose of showing their abhorrence of it, and to prevent as far as possible its repetition, the present complaint was made. How far they were justified, by the circumstances of the case, in adopting such a course, the evidence given on the trial will show. The following is the testi-

mony of Mrs. D. herself, while that of Mrs. Woodman, an intelligent woman who was present, did not differ much from it.

"Dr. J. B. Gale, on the morning of the 5th of March, 1847, called to see me, agreeably to my request, which was conveyed to him by my husband. I was sick at that time, and expected to be delivered of a child. Dr. Gale came into my room about 5 o'clock and staid till 9, when I was delivered of a child, my first born. My mother, and Mrs. Woodman were in the room when the doctor came, and remained there until the child was born. He had been in the room about fifteen minutes, when he came to where I was lying upon the bed, and after remarking—'Sister, you are doing well—don't be scared,' he commenced making an assault upon me by placing his hands upon my person. I had labor pains occasionally, and at intervals of a quarter and a half hour, he renewed his assaults, by placing his hand upon my person. At these different times, I told the doctor to let me alone, and to go away, but he did not. I also asked for my husband: but the doctor replied, "Umph! you do not need your husband." The doctor did not ask my consent to make an examination. I think he increased my pains at each examination he made. I lay upon my left side—the doctor came up and made his examinations until my child was born, which was at 9 o'clock.

"On the cross-examination, the evidence of Mrs. D. did not vary materially from that of the examination in chief—and was as follows:—While lying upon the bed, my person was not exposed, to my knowledge—the doctor remained at my side five or ten minutes at a time—he assisted at the birth of the child. I did not think it was right *that the doctor should handle me*—and told my husband so. This affair happened sixteen months since, and the reason I had not complained of the doctor before, was because I *wanted time to think of it!* The doctor visited me twice afterwards, and promised to call again, but did not."

Several physicians were called for the defence, who testified that the conduct of Dr. G., as stated by these witnesses, was not different from the usual practice on such occasions. After the address of the counsel for the government, Justice Currier, before whom the case was tried, briefly reviewed the evidence, and after remarking that there appeared to be no cause for the complaint, that Dr. Gale, in doing his duty, had committed no offence whatever, ordered him to be discharged.

Part 4.—Editorial.

ARTICLE I.

ASSOCIATION OF SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.

Believing that it will be interesting to our readers, we publish entire the following account of the Proceedings of the Third Meeting of the Association of Medical Superintendents of American Institutions for the Insane, transmitted by the Secretary Dr. Kirkbride.

The Association of Medical Superintendents of American Institutions for the Insane, commenced its third meeting, at the Astor House in the city of New York, on the 8th of May, 1848, the Vice President. William M. Awl, M. D., in the chair, and Thomas S. Kirkbride, M. D., Secretary.

Present—Dr. James Bates, of the Marine Insane Hospital, at Augusta; Dr. Andrew McFarland, of the New Hampshire State Hospital, at Concord; Dr. William H. Rockwell, of the Vermont State Hospital, at Brattleboro; Dr. Luther V. Bell, of the McLean Asylum for the Insane, at Somerville, Mass.; Dr. C. H. Stedman, of the Boston Lunatic Asylum; Dr. N. Cutter, of the Private Institution at Pepperill, Mass.; Dr. John S. Butler, of the Connecticut Retreat, at Hartford; Dr. Amariah Brigham, of the State Lunatic Asylum, Utica, N. York; Dr. Pliny Earle, of the Bloomingdale Asylum, N. Y.; Dr. James McDonald, of the Private Institution at Flushing, L. I.; Dr. —— Renney, of the Lunatic Asylum, on Blackwell's Island, N. Y.; Dr. G. H. White, of the Hudson (private) Lunatic Asylum, N. Y.; Dr. Horace A. Buttolph, of the New Jersey Lunatic Asylum, at Trenton; Dr. Thomas S. Kirkbride, of the Pennsylvania Hospital for the Insane, at Philadelphia; Dr. Joshua H. Worthington, of the Friends' Asylum, at Frankford, Pa.; Dr. N. C. Benedict, of the Blockley Insane Asylum, at Philadelphia; Dr. Fonerden, of the Maryland Hospital at

Baltimore; Dr. Wm. M. Awl, of the Ohio Lunatic Asylum, at Columbus; Dr. John M. Galt, of the Eastern Asylum, of Virginia, at Williamsburg; and Dr. John R. Allan, of the Kentucky Lunatic Asylum, at Lexington.

Dr. Samuel B. Woodward tendered his resignation of the Presidency of the Association, which was accepted, and Dr. Wm. M. Awl was elected President in the place of Dr. Woodward, resigned; and Dr. A. Brigham, Vice President, in the place of Dr. Awl, elected President, The following preamble and resolutions, in reference to its late President, were unanimously adopted by the Associetion, viz:

WHEREAS, Dr. Samuel B. Woodward, at the present meeting of this Association, has tendered his resignation as President thereof.

Resolved, That whilst accepting this resignation, we cannot adjourn without declaring onr high sense of the services of Dr. Woodward as President of this body; and also, our full appreciation of his ardent and useful exertions, for so many years in behalf of the unfortunate insane.

Resolved, That the Secretary of the Association be requested to transmit to Dr. Woodward a copy of this resolution.

Agreeably to appointment, Dr. Brigham read an obituary notice of the late Dr. White, of the Hudson Lunatic Asylum, and the first Vice President of this Association, which was directed to be entered upon the minutes.

Dr. A. V. Williams and Dr. Benjamin Ogden, two of the visiting physians of the Asylum on Blackwell's Island, were invited to attend the sittings of the Association; and a resolution was adopted, authorizing each member to invite any person interested in its discussions.

In conformity with a resolution, adopted at the last meeting of the Association, Drs. Brigham and Macdonald made written, and Drs. Earle, Rockwell, Bates, Butler, Allan, and Kirkbride, verbal reports on the subjects of post-mortem examinations and the pathology of insanity, which, after consideration, were referred to the standing Committee on these subjects.

Dr. Kirkbride read a report from the committee on publication, which was accepted, and the Association subsequently

Resolved, That the committee on publication, appointed at the last meeting, be continued, and instructed to publish such of the reports, and such parts of the reports made to

this Association, and such parts of its proceedings as they shall deem conducive to the public good.

Elevations and ground plans of many of the institutions for the insane in the United States and Canada were laid upon the table for examination by the members of the Association;—also, a great variety of carving and fancy work, made by patients in the New York State Asylum,—and a number of ingenious buckles and other improved fixtures, intended to be employed on restraining apparatus, and sent to the Association by the maker, John D. Fisher, Philadelphia.

Written reports were made, on the following subjects, and after full discussion, accepted and laid upon the table, subject to future disposition by the Association, viz:

On the comparative value of the different kinds of labor for patients, and the best means of employment in winter, by Dr. Rockwell; on the advantages and disadvantages of cottages for wealthy patients, adjacent to hospitals for the insane, by Dr. Kirkbride; on the relative value of the different kinds of fuel, for heating hospitals, by Dr. Bates; on the most economical mode of treating the insane of the poorer classes, by Dr. McFarland; on reading, recreations and amusements for the insane, by Dr. Galt; on the comparative valne of treatment in public institutions, and private practice, by Dr. White; and on the effects on the insane, of the use of tobacco, by Dr. Cutter.

Remarks on the diseases and causes of death among the insane, were also read by Dr. Macdonald; on the statistics of insanity, by Dr. Earle; and a series of cases of mania-a-potu, treated by the inhalation of ether, in the Boston City Hospital, by Dr. Stedman.

Invitations were received and accepted, to visit the Bloomingdale Asylum, under the care of Dr. Earle, and the private Institution at Flushing, Long Island, under the care of Dr. Macdonald; and both institutions were subsequently visited, and examined with great satisfaction, and the thanks of the Association tendered to these gentlemen for their courtesy, attention, and bountiful hospitality.

The Association also accepted an invitation to visit the Asylum on Blackwell's Island, and after a thorough examination of the buildings and arrangements, unanimously adopted the following resolutions:

Resolutions respecting the Receptacle for Pauper-lunatics at Blackwell's Island.

The "Association of Medical Superintendents of the American Institution for the Insane," holding their third biennial meeting in this city, have availed themselves of the kind invitation of the civil authorities superintending the receptacle for the pauper lunatics of this great metropolis, at Blackwell's Island, to visit and examine the unfortunate class there resident, and the provision made for their care, their amelioration, and their recovery.

It would be far more grateful to their feelings, could they leave this, as they do the other asylums for the insane, in this vicinity, which they have also examined, in silent but respectful regard at seeing great objects properly accomplished. In so doing, they would escape the unpleasant necessity of instituting painful criticisms in the face of personal civilities, and the hazard of being considered, by the unreflecting, as guilty of improper interference in the affairs of a community not their own.

Devoted, as most of them have been, for many long years of their lives, to the care and restoration of those deprived of reason; familiar, as many of them have been, from personal examination, with the condition of this class of sufferers, under the varying circumstances of the different communities of the old and new world; looking upon themseves, while citizens of widely separated states, yet common denizens of that republic of humanity that knows no state lines, they willingly venture all risk of being misunderstood and misrepresented, when they declare their conviction, that the arrangements for the three or four hundred pauper lunatics of this city, are far in the rear of the age, of the standard of other regions equally advanced in civilization and refinement, of the imperative demands of common justice, humanity and respect due to the image of a common Father, however much disfigured and changed.

They would, therefore, appeal to the authorities of this mighty and opulent metropolis of the Western world, to sustain the honor of their leading position; to those who must feel that they and their children have no immunity against loss of property, of friends, and of reason; to those who recognize the obligation imposed by their own elevation and success, to protect the friendless and miserable, to interpose their determined resolution, no longer to permit

the Empire City to stand below the demands of the age, in the justice, humanity—yea, in the common decency, with which those guilty of no crime, but stricken by the hand of Providence in the loss of reason are treated. Suffer no longer, we implore you, those whose sensibilities are not extinguished, but may even be more intense; whose honest self-respect and pride of character is not always permanently obliterated; whose return to society and to usefulness is not elsewhere the rare exception, but the expected result; to be abandoned to the tender mercies of thieves and prostitutes, who are, to a considerable extent, the associates and keepers of this helpless charge, and clothed with all the delegated authority and influence, which such a relation necessarily implies.

This Association has neither the means nor disposition to inquire why the pauper lunatics of this community should have been allowed to lapse into that depth of degradation and neglect, of which, it would be difficult, elsewhere, to find a parallel.

Enough is it for them to know, that such is the fact, notwithstanding plans and designs, for every modern architectural requirement, as well as curative and ameliorating appliances, have been long in the hands, and subject to the favorable criticism and comparison of those elsewhere charged with the same duties, and have been recognized as fully adequate to meet the exigency.

They have examined the recent report of the medical visitors, and conclude with them fully in their conclusions, as to the necessity of an entire change in the system; in the impossibility of doing all that justice, humanity, and a sound economy require for the insane, except at a cost of money sufficient to provide faithful, competent, respectable assistants or keepers, and adequate means of classification, inspection, labor, amusement, ventilation, and cleanliness. They believe a just economy requires the abandonment, or convertion to collateral uses merely, of those miserable apologies for insane hospitals, known as the old and the new *mad-houses;* and that, if the island is retained as a site for these institutions, the original design, fully satisfactory in its great outlines and principles, should at once, be carried out to completion.

The following preamble and resolution were adopted by the Association, viz:

WHEREAS, in the selection of medical superintendents to

American institutions for the insane, it is important to choose men with the highest qualifications, both as respects professional acquirements and moral endowments, therefore,

Resolved, That any attempt, in any part of this country, to select such officers through political bias, be deprecated by this Association, as a dangerous departure from that sound rule which should govern every appointing power, of seeking the best men, irresponsive of every other consideration.

The following resolutions were also adopted during the different sessions of the Association:

Resolved, That a committee be appointed to report to this Association at its next meeting, the best terms for the classification and designations of the different forms of insanity, and also the best anatomical and pathological terms for the various parts of the brain, and a nomenclature of the diseases which prove fatal to the insane.

Resolved, That a committe be appointed to suggest the best plan of calling the attention of physicians, in general practice, to the proper treatment of the insane at their homes, and especially to their treatment during the first period of their disease.

Resolved, That the members of this Association be requested to prepare and present to a future meeting, a statistical analysis of all the cases of insanity which have been admitted into the different institutions under their care.

Resolved, That all subjects heretofore referred to committees and not reported on at this meeting of the Association, be continued in the hands of the present committees for future action.

Resolved, That a committee be appointed, who shall, either before or after our adjournment, select subjects and appoint members to report on the same, in writing, at the next meeting of the Association.

Resolved, That previous to the future meetings of the Association, the Secretary be requested to invite the Boards of Trustees, managers, or official visitors of each insane asylum on this continent, to attend the sessions of this body.

Resolved, That the thanks of this Association be tendered to Messrs. Coleman & Stetson, of the Astor House, for their very liberal provision for the meetings of the Association,

and for which, on account of its benevolent object, they have declined receiving compensation.

Resolved, That the thanks of the Association be tendered to the officers, for the able manner in which they have performed the duties of their respective stations.

Resolved, That the Secretary be instructed to furnish an abstract of the proceedings of the Association to the editor of the American Journal of Insanity, and to the editors of the various Medical Journals in the United States, for publication in their respective periodicals.

The Association continued its sessions until the afternoon of the 12th of May, and then adjourned to meet in the city of Utica, New York, on the 3d Monday of May, 1849, at 10 o'clock, A. M.

By order of the Association.

THOMAS S. KIRKBRIDE, *Secretary*.

ARTICLE II.

UNION MEDICAL SOCIETY OF NORTHERN INDIANA.

The following account of the proceedings of the Union Medical Society of Northern Indiana shows by the number of papers read and the spirit of the resolutions passed, that the medical men of that section are taking most efficient measures for mutual improvement and medical reform in that portion of the State.

It is to be hoped that individual members of the profession in the State, as well as other Medical Societies, will promptly lend their aid in procuring the passage of registration laws, in conformity with the recommendations contained in the resolutions. H.

Pursuant to adjournment, the Union Medical Society of Northern Indiana held its fourth Annual Meeting in Goshen on the 2d Tuesday in June, 1848.

Doctors A. C. Jackson and Wm. McBride were, on the

recommendation of Censors, admitted as members of this Society.

Doctor Chamberlin read a paper on "the nature and cause of congestion."

Dr. Henkel made a report as Corresponding Secretary and Chairman of the Committee upon quackery.

Dr. E. R. Parks read a paper upon pneumonia.

Dr. John Jackson read a paper on the influence of cold in producing disease, especially in the western country.

Dr. W. J. Matchett read a preamble and set of resolutions on the subject of spurious drugs.

Dr. Latta made a report of the proceedings of the American Medical Association at its last meeting.

On motion of Dr. Henkel, it was

Resolved, "That this Society express its satisfaction with the course pursued by Dr. Latta, while representing this body in the American Medical Association; and tender him its thanks for his services, rendered in that capacity."

Drs. Chamberlin, Parks, and Jackson were requested to furnish the "North Western Medical and Surgical Journal," with copies of their papers for publication.

Upon motion of Dr. Latta, it was

Resolved, That whereas the American Medical Association has recommended the adoption of a law to provide for the registrative of marriages, births, and deaths, and whereas in the opinion of this Society, great political and moral, as well as medical advantages might be derived from such a measure, therefore,

Resolved, That the corresponding Secretary be instructed to open a correspondence with the various Medical Societies in this State, soliciting their aid in procuring the passage of proper registration laws.

Resolved, That a committee of Five be appointed to have a general charge of the subject.

Resolved, That a copy of this preamble and resolutions be forwarded to the Editors of the North Western Medical and Surgical Journal, and that they be respectfully requested to use the influence of their position in bringing the subject before the profession in this State.

Drs. Latta, W. J. Matchett, A. W. Dewy, E. R. Parks, and S. B. Kyler were appointed a committee, under the 3d resolution.

The Secretary presented communications from the New York, Philadelphia, and Baltimore Colleges of Pharmacy:

the proceedings of the State Medical Society of Pennsylvania on the subject of registration laws. Also a letter from Hon. C. W. Cathcart, informing the Society of the passage of a law to prohibit the importation of spurious drugs.

The Society then proceeded to ballot for officers for the ensuing year, which resulted as follows:

For *President*, Dr. E. W. H. Ellis, Goshen, Ind.; *Vice President*, Dr. R. Willard, Oswego, Ind.; *Recording Sec'y*, Dr. M. M. Latta, Goshen, Ind.; *Corresponding Sec'y*, Dr. Paul Henkel, Benton, Ind.; *Treasurer*, Dr. S. B. Kyler, Benton, Ind.; *Censors*, Dr. Chamberlin, Elkhart, Ind.; Dr. J. Jackson, Goshen, Ind.; Dr. Willard, Oswego, Ind.; Dr. Fowler, Bristol, Ind.; Dr. Kyler, Benton, Ind.

Much other business was transacted, which was only interesting to the members of the Society, and therefore would be intruding too much upon your time and space for publication. The Society is in a flourishing condition, and the members are all anxious to see it remain so.

Yours, respectfully, &c.

PAUL HENKEL, *Corres'g Sec'y.*

A CARD.

Inasmuch as there are many Medical Societies in the State of Indiana with whose officers I am unacquainted, and do not know to whom to address communications in regard to the resolutions passed by the Union Medical Society, at its last meeting, concerning the subject of registration laws, I will deem it a favor if those officers who will see this card would address me on that subject, and others that may be interesting to the Society.

PAUL HENKEL, *Corres'g Sec'y, Benton, Ind.*

ARTICLE III.

IOD. POT. IN HYDROCEPHALUS.

In a private letter to one of the Editors, Dr. C. Brackett, of Rochester, Ind., makes the following remarks upon the use of hyd. pot. in hydrocephalus:

I have met with two distinctly marked cases which, under ordinary methods of treatment, I am satisfied, would soon have proved fatal, yet they recovered perfectly under the use of iod. pot.

If in other hands it proves as useful as I have found it, then truly is it invaluable. So soon as copious diuresis (and in one case salivation) had taken place, the little sufferer began to recover. In one case which I treated, last summer, I did not see the child till after paralysis and insensibility had taken place. The iod. was administered; an amendment was soon observable, and recovery took place rapidly, with the exception of the palsy of the left arm and leg which continued for a long time. I at length persuaded the parents to bring the child to town, when I administered strychinne internally. An immediate change for the better was observed; the patient recovered perfectly.

In the same letter from which the above extract is made, Dr. Brackett gives us the following history of a case, showing the importance of vaginal examinations in diagnosis:

I was called to see Mrs. W——, who for many years had been "weakly;" she had suffered for some time from repeated floodings, heavy dragging pains in the back and loins, inability to do much work, particularly that which requires one to lift, or be on the feet.

I suspected some organic difficulty, made an examination per vaginam (which she was very unwilling to submit to, and would not, had I not refused to do anything for her till I was fully satisfied as to the difficulty), and found growing from the os uteri, from the left side, an insensible fleshy growth about three inches long, an inch and a half in diameter at its lower part; much smaller at its attachment at the os. I took two pieces of wire, made a ring in the end of each, passed a small cord of silk through the rings; passed both wires up together by side of polypus, rings up, then separating one from the other, brought it round again to its fellow, thus encircling the neck of the excresence with the ligature; I then drew down the ends as tight as possible, twisted the wires, and left her for a few hours. She felt no pain, but flooded more for a few minutes after the ligature was tightened.

In fifteen hours, I pulled at the ligature, previously tightening and twisting it, when they, with the polypus, came away, much to the surprise of the patient. She soon got up, said she felt "lighter" than she had for six years previously; recovered rapidly, and now enjoys good health.

Are not many cases of polypus uteri treated as simple menorrhagia?

ARTICLE IV.

Case of Severe Pain Following Labor.

Dr. Jas. M. Harnett, of Cochran's Grove, Shelby Co. Ill., sends us the following history of a case in which severe pain following delivery was not relieved until 550 gtts. of laudanum had been administered.

Mrs. S.—aged 35, being delivered of her first, a large healthy child, after several hours of severe labor was taken with severe pain at the upper part of the sacrum, which required for its relief the above named amount of laudanum.

There was nothing remarkable in the case during labor or convalescence; he finds it difficult therefore, to account for its appearance, and wishes us to give our opinion as to its cause, and asks if the administration of so large a dose was justifiable under the circumstances?

In answer we will state that in our opinion the pain was neuralgic caused by irritation of the branches of the sacral nerves, and that we consider the administration of opium justafiable in such cases in doses sufficient to give relief, even if twice the quantity given in the above case should be required, especially when we consider that opium as well as other medicines is liable to adulteration, and that therefore, the strength of any given quantity must be determined either by watching its effects, or by chemical analysis.

H.

ARTICLE V.

RUSH MEDICAL COLLEGE.

The number of students in attendence at this Institution during the last session as shown by the catalogue was 142, double the number of any previous class.

This rapid increase in the number of its patrons from year to year affords ample evidence that the efforts of its faculty to offer every possible facility for the acquisicion of a thorough medical education are fully appreciated by the profession, and by students of the respective preceding classes.

In their behalf we can state that it is the intention of the faculty to comply with the recommendations of the medical association so far as to give a preliminary course of instruction during the month of October previous to the commencement of the regular term without additional charge. During this time the dissecting room, amply supplied with fresh material will be open to such as may wish to employ the time in the study of practical anatomy.

We are happy in being able to assure students also, that arrangements have been made for giving clinical instruction during the coming session such as will enable the teachers of Medicine, Surgery, and Obstetrics, to select from a large number of patients the most interesting cases and such as can be retained in the Hospital from the commencement to the termination of treatment, thus affording opportunities for acquiring knowledge of disease at the bed side superior even to those offered during the last term.

The hospital will be exclusively under the control of the faculty, and so arranged as to exclude cases without interest as well as all contagious diseases. H.

ARTICLE VI.

EXCERPTA.

A writer in the N. O. Med. Jour., proposes the following remedy in Neuralgic Dysmenorrhœa R. Gum Camphor ℥iiss, Ext. Belladonna ℥ss. Sulph. Quinine ℥ss—M. Div. in 80 pills.

These pills are to be taken only at each period and at the commencement of pain—Dose two pills every hour until the pain ceases.

Dr. Lockwood of Buffalo, states that he has used *Hornet's nest* as an antispasmodic, and that particularly in hooping cough, he has found it to exert more influence in controlling the paroxysms and shortening the duration of the affection than any other remedy he had ever tried.

Etherization was successfully used in a case of *delirium tremens* reported in the New Jersey Med. Reporter.

The Boston Med. Jour. reports a case of lockjaw cured by chloroform.

The cholera has made its appearance at Berlin.—Reports from St. Petersburg show a decline of the disease there—that it is less severe this year—more easily avoided and cures more numerous. The victims are among the poorer classes who do not abstain from green fruits and vegetables.

Dr. Forbes, who has been claimed by the advocates of Homœopathy as a convert to their doctrines, says, "that the curative powers of nature suffice to explain all the triumphs of homœopathy."

Dr. Allies of Maiagny recommends Ergot of Rye in retention of the urine. He states that it restores the contractile power of the bladder when impaired by over distention, even when all other means have failed; that paralysis of the bladder from cerebral hemorrhage yields to it; and that it is just as efficacious in vesical paralysis, when the lesion of the nervous centres is not clearly established. The dose

may be raised to 75 grains a day. M. Trousseau stated in a recent clinical lecture that he had seen great success attend Bretoneau's mode of treating obstinate vomiting during pregnancy. It first occurred to that practicioner, owing to the fact of his patient suffering from violent uterine pain, for the relief of which, believing the vomiting to depend upon its presence, he ordered a belladonna lotion to be applied to the hypogastric region and with the effect of removing both the pain and the vomiting. In subsequent cases the remedy proved as efficacious although no pain was felt—he explained its operation upon the supposition that the vomiting was then sympathetic of irritation of certain of the nerves of the ganglionic system only, produced by enlargement of the uterus.—*Gazette des Hop.*

Dr. Fredericq has observed a line of a red brick color near the free edge of the otherwise normal gums of phthisical patients. The line is very narrow and runs parallel with the edge of the gums, but only opposite the incisors and canine teeth. The researches of the author do not enable him to say whether this sign manifests itself as one of the earliest symptoms of phthisis nor, to declare absolutely that it is seen in no other disease, although he has never yet met with it in such.—*L'Union Medicale.*

ARTICLE VII.

OBITUARY NOTICE.

DIED.—On Wednesday, June 21st., at Algonquin, McHenry Co., Ill., of typhoid fever supervening neuralgia, *David Burton, M.D.*, aged 31 years.

Dr. Burton was a young man of superior talents and unexceptionable moral character, standing high in the estimation of his neighboring *Physicians*, and an honor to the *Profession.*

In him the *Public* deeply deplores the loss of one of its most valuable *citizens*, as well as a judicious and successful physician.—*Com.*